	NHMHP- RNTC0PRVH(2000)/1/2019-E-30862—4747
	Department of Health and Family Welfare
	National Health Mission, Himachal Pradesh.
	SDA Complex, Kasumpti, Shimla-9, H.P.

From: - Mission Director, NHM
Himachal Pradesh

To:

The All Chief Medical Officers
Himachal Pradesh

Dated Shimla09 the   February 2024

[Stamp: MISSION DIRECTOR (NHM) 2 0 FEB 2025 Kasumpti Shimla-9 H.P]

Subject: Regarding guidance document titled टीबी मुक्त कार्यक्षेत्र: मार्ग दर्शिका **TB Free Workplace: Guidance Document**

Sir/Madam

This is in reference to D.O dated 14th February 2025 from Additional Secretary & Mission Director (National Health Mission), Ministry of Health & Family Welfare, Govt. of India. Central TB Division, MoHFW has developed a guidance document titled 'टीबी मुक्त कार्यक्षेत्र: मार्ग दर्शिका **TB Free Workplace: Guidance Document (Enclosed herewith)**.

In this regard it is submitted that, the Government of India has the highest commitment to achieve End TB targets. Reaching out to workers engaged in various occupational settings and workplaces with TB awareness messages is crucially important to move forward with the mission of 'TB Mukt Bharat'.

This document aims to guide institutions, organizations, corporations, Industries of the public and private sectors, and key stakeholders about 'TB-Free Workplace'. The guidance document can be accessed from the website of Central TB Division, MoHFW
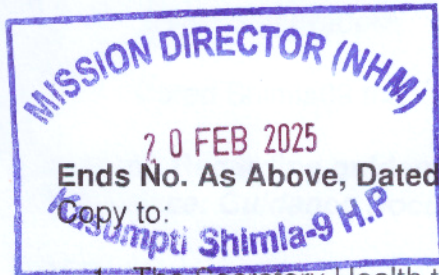
Key Actions for Implementation:

1.   Sensitization & Policy Adoption: Encourage organizations, industries, and workplaces to adopt and implement the TB-Free Workplace guidelines.

2.   Workplace TB Screening & Awareness: Conduct regular TB screening camps in industries and workplaces and promote TB awareness.

3.   Formation of TB-Free Workplace Committees: Establish workplace committees to oversee TB prevention and ensure adherence to TB-free guidelines.

4.   Integration with Health Facilities: Strengthen linkages between workplaces and local health facilities for TB screening, diagnosis, and treatment.

5.   Employee Support & Stigma Reduction: Ensure TB-affected workers receive nutritional support, treatment adherence assistance, and protection from

discrimination.

6.   Monitoring & Certification: Assist organizations in self-declaring as TB-Free Workplaces and facilitate certification through district-level verification.

You are requested that accelerate TB-Free –Workplace policy in all line departments, subordinate offices, Corporates, Industries, PSUs/CPSEs, SMEs, and organization as routine and extend support toward the overarching goal of 'TB Mukt Bharat /ending TB in India'.

Dy. Mission Director, NHM
Himachal Pradesh, Shimla – 9

MISSION DIRECTOR (NHM)
2 0 FEB 2025
Kasumpti Shimla-9 H.P

Ends No. As Above, Dated: Shimla-9, the
Copy to:

1. The Secretary Health to the Government of Himachal Pradesh for information please
2. The Director Health Services Himachal Pradesh for information please.
3. The District TB Officers, all Districts for information and compliance.
4. The Block Medical Officers, all health blocks for information and compliance
5. Office copy

Dy. Mission Director, NHM
Himachal Pradesh, Shimla – 9

Respected Sir /Madam,

Government of India has the highest commitment to achieve End TB targets. Reaching out to workers engaged in various occupational settings and workplaces with TB awareness messages and related activities are crucially important to move forward with the mission of **'TB Mukt Bharat'**.

A Guidance Document titled 'टीबी मुक्त कार्यक्षेत्र: मार्गदर्शिका' TB Free Workplace: Guidance Document' has been developed under National TB Elimination Programme (NTEP) of the Ministry of Health & Family Welfare (copy enclosed). This document aims to guide institutions, organizations, corporates, Industries of the public and private sectors, and key stakeholders about 'TB Free Workplace'. This Guidance Document and related resource materials can also be accessed from the website of Central TB Division, MoHFW (Link https://tbcindia.nikshay.in/guidance-document-on-tb-free-workplace/).

It is earnestly requested that all line ministries along with its subdivision & departments, PSUs/CPSEs, all industries & organizations plan and accelerate 'TB-Free-workplace' related intervention at the workplace as routine and with special focus during "100 days TB Mukt Bharta Abhiyan" and extend support toward the overarching goal of ending TB in India.

With regards.

Yours sincerely,

(Aradhana Patnaik)

To

All Secretaries of key Ministries (As per the list)

Copy to:

1. Secretaries & Mission Director (NHM) - All States/UTs
2. PSO to Secretary (H&FW), GoI
3. DDG (TB), CTD, MoHFW
4. State TB Officers (STOs) - All States/UTs
5. Head of Organisations of all CPSEs/PSUs/ Corporates/Industries/Institutions/ SMEs (As per the list)

टीबी मुक्त कार्यक्षेत्र: मार्ग दर्शिका

टीबी समाप्त करें, कार्यस्थल में समृद्धि लाएं

TB FREE WORKPLACE: GUIDANCE DOCUMENT

END TB, ENABLE WORKPLACE PROSPERITY

CENTRAL TUBERCULOSIS DIVISION, MINISTRY OF HEALTH & FAMILY WELFARE GOVERNMENT OF INDIA

टीबी मुक्त कार्यक्षेत्र: मार्ग दर्शिका

टीबी समाप्त करें, कार्यस्थल में समृद्धि लाएं

TB FREE WORKPLACE: GUIDANCE DOCUMENT

END TB, ENABLE WORKPLACE PROSPERITY

अपूर्व चन्द्रा, भा.प्र.से.
सचिव
APURVA CHANDRA, IAS
Secretary

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

सत्यमेव जयते

आज़ादी का
अमृत महोत्सव

Foreword

India's dedication to realising Sustainable Development Goals (SDGs) is evident in its ambitious policies and strategies spanning multiple sectors. Specifically, Goal 8 of the SDGs focuses on ensuring full and meaningful employment as well as decent work opportunities for all individuals. India's National Tuberculosis Elimination Programme (NTEP) has made significant strides in combating the scourge of Tuberculosis (TB) across the nation. Despite the considerable burden of TB, with a comprehensive approach encompassing prevention, diagnosis, treatment, and care, the NTEP has achieved commendable progress in its mission to combat TB.

By leveraging partnerships, adopting innovative approaches, and prioritising the well-being of affected individuals, the NTEP remains steadfast in its commitment to achieve End TB in India. Over the years, the NTEP has emerged as a beacon of hope in our fight against Tuberculosis. Through tireless dedication and unwavering resolve, we have witnessed significant strides in raising awareness, improving access to diagnosis and treatment, and reducing TB-related morbidity and mortality. Our collective efforts have not only saved lives but also paved the way for a healthier and more prosperous India.

In the last few years, the NTEP has become an increasingly multi-sectoral approach in its fight to End TB and prioritising social determinants of TB. This focus is further extended by creating ownership of employers and organisations to strive for a TB-free workplace. The workplace can play a pivotal role in combating TB in India. Therefore, employers must take responsibility by implementing TB-free workplace initiatives.

Creating a healthy work environment not only boosts productivity but also benefits the industry and its employees. Organisations adopting successful TB-free workplace models become leaders in the national effort to End TB. By pledging to a TB-free workplace, we can reaffirm our commitment to creating safe, healthy, and productive work environments for all.

Dated 23rd March, 2024

(Apurva Chandra)

एल. एस. चागसन, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)

L. S. Changsan, IAS
Additional Secretary & Mission Director (NHM)

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011
Government of India
Ministry of Health & Family Welfare
Nirman Bhawan, New Delhi - 110011

Message

As we chart our course towards the ambitious goal of ending TB in India, let us draw inspiration from the remarkable progress made by India's National Tuberculosis Elimination Programme (NTEP). The programme has constantly been evolving, introducing innovations and reinforcing strategies at all levels—expansion of diagnostics services, employing newer treatment modalities, scaling up TB-preventing treatment, DRTB management and last-mile support, amplifying the Ni-kshay ecosystem, and synthesising integration across sectors and ministries, bridging the divide of the public and private sector—to name a few. Through a robust policy framework, the NTEP is also addressing social determinants of TB by focusing on nutritional support through the provision of the Ni-kshay Poshan Yojana (Direct Benefits Transfer) and launching the Pradhan Mantri TB Mukt Bharat Abhiyaan initiative.

The NTEP's achievements are a testament to the power of collaboration, innovation, and perseverance. We have successfully implemented strategic interventions such as engaging with various industries, both public and private, to reach out to workers for TB awareness and prevention activities. By implementing robust TB-related workplace safety measures, such as proper ventilation, infection control protocols, and health education initiatives, employers can create environments that are inhospitable to TB transmission. Moreover, by promoting a culture of health and safety, organisations can empower employees to take proactive measures to protect themselves and their colleagues from TB infection.

Initiatives on TB-free workplaces are more than just suggestive measures; they are catalysts for change, driving organisational transformation and fostering a culture of health and safety. By institutionalising best practices and standards, they can create an enabling environment where TB prevention, diagnosis, and treatment are prioritised and integrated into the fabric of our workplaces. I congratulate the NTEP and all those who have contributed to the development of this Guidance Document.

I am confident by harnessing these guiding principles, we can catalyse positive change, foster inclusive growth, and create a world where every worker can thrive free from the burden of TB. As we embark on this journey, let us remain steadfast in our commitment, unwavering in our resolve, and united in our pursuit of a healthier, more prosperous future for all.

TB Harega, Desh Jeetega!

(Ms. L. S. Changsan)

डॉ. के. के. त्रिपाठी, आई.ई.एस.
Dr. K.K. Tripathy, IES
आर्थिक सलाहकार
Economic Adviser

सत्यमेव जयते

Message

The Government of India is committed to End TB as a public health challenge. The National Tuberculosis Elimination Programme (NTEP) is better equipped than ever before to address the challenge of Tuberculosis. Ending TB in India is a key to ending the global TB epidemic.

This journey requires a collective and integrated effort, with meaningful engagement and participation from all key stakeholders. We are grateful for the invaluable support we have received from various sectors, including Ministries, Public Sector Undertakings/ Enterprises (PSUs/PSEs), private sector, corporates, and civil society organizations in the fight against TB.

Many corporates have stepped forward and partnered with NTEP, extending their support to TB awareness and prevention activities. Through workplace interventions, CSR-led projects, and by becoming Ni-kshay Mitra for additional nutritional support to TB patients under Pradhan Mantri TB Mukt Bharat Abhiyaan (PMTBMBA), corporates are making significant contributions to the fight against TB.

Recognizing the importance of industry participation, we have developed a 'Guidance Document on TB Free Workplace'. This document aims to provide guidance and assistance to industries and organizations committed to creating a TB-free workplace. It outlines practical steps and activities that can be implemented to scale up TB interventions at the workplace to pave the path toward the overarching mission of TB-Free India.

I am confident that more industries and organizations will come forward and join hands for ending TB and enabling workplace prosperity.

'TB Harega Desh Jeetega'

(K. K. Tripathy)

Dated: 01-04-2024

Dr. Rajendra P. Joshi
Deputy Director General
Central TB Division

सत्यमेव जयते

आज़ादी का
अमृत महोत्सव
Message

Tuberculosis continues to be one of the major public health challenges in India. The country has the highest TB burden. TB, apart from being a health problem, is also associated with several socioeconomic determinants including poverty, marginalization, and undernutrition. The Government of India has committed to achieve End TB targets and also envisioned TB-Free India. Achieving this ambitious target needs collaborative and convergent actions. Efforts have been intensified to collaborate with large numbers of stakeholders for partnering with the National Tuberculosis Elimination Programme (NTEP).

The engagement of corporates is crucial. Industries have bigger roles to play as there are enormous possibilities and scope with them for meaningful engagements and partnerships. Strategic interventions at the workforce provide an opportunity to reach a large number of people for TB awareness & prevention activities, early TB detection, reduce stigma & discrimination, and provide a supportive environment for people infected and affected by TB.

I am delighted that many corporates have joined hands with NTEP. Several Corporates and organizations have come forward to implement the TB-free workplace policy, TB screening, socio-economic support to people infected and affected by TB.

The 'Guidance Document on TB Free Workplace' will certainly add value in building a conducive environment at the workplace for TB-related intervention. I am confident that the program managers of various corporates, and governments at state & district will find this document useful. The guidance document provides information and understanding like How to establish a free Workplace, key suggested activities for a free Workplace, etc. The use of this guidance document will certainly be helpful and guide industries for their continued engagement and ensure high-quality TB Workplace intervention. Let's join hands toward TB-Free Workplace.

TB Harega, Desh Jeetega

(Dr Rajendra P. Joshi)

Dr. Sanjay Kumar
MD (Public Health): DTCD
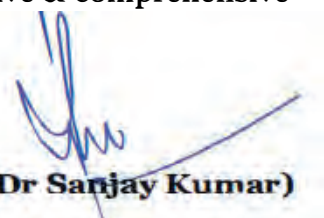Adl Deputy Director General (ADDG)
NTEP, Central TB Division

The National Tuberculosis Elimination Programme (NTEP) has gained momentum in the recent past with the evolvement of newer strategies and focused intervention toward the mission of achieving the End TB. The NTEP has demonstrated a strong commitment to accomplishing SDG targets related to health and well-being. To that end, efforts are being made to engage various stakeholders for a collective and integrated response.

India has a huge workforce and more than 500 million workforces are engaged in formal and informal sectors. The incidence of Tuberculosis among the working population is one of the major concerns. TB infection among workers doesn't only affect their health & well-being, but, it has also adversely impacted organizational productivity and economic growth.

Thus, industry engagements have been viewed with great importance in NTEP. Industries are being engaged in TB-related intervention both at the workplace and it's beyond. We have experienced that several industries have come forward and initiated intervention at the workplace and reaching out to vulnerable communities through CSR-led intervention.

I am pleased to share the document *'Guidance Document on TB Free Workplace'*. I believe that the documents provide insights and guidance toward establishing a 'TB Free Workplace'. I am confident that industries and all key stakeholders will find this guidance document useful in establishing a 'TB Free Workplace'. I also take this opportunity to thank each of the contributors for their technical support in preparing this guidance document. Continued and meaningful engagements of industries are very much needed for an inclusive & comprehensive national response against Tuberculosis.

Let us all work together to build TB-Free India

(Dr Sanjay Kumar)

टीबी हारेगा, देश जीतेगा / TB Harega, Desh Jeetega

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

1 ACRONYMS

AIC	Air-borne Infection Control
CSR	Corporate Social Responsibility
CTD	Central Tuberculosis Division
CTP	Corporate TB Pledge
DTC	District Tuberculosis Centre
DTO	District Tuberculosis Officer
ELM	Employer Led Model
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
LTBI	Latent Tuberculosis Infection
MOLE	Ministry of Labour & Employment
MoU	Memorandum of Understanding
MoHFW	Ministry of Health & Family Welfare
NCEUS	National Commission for Enterprises in the Unorganized Sector
NGO	Non-Government Organization
NTEP	National Tuberculosis Elimination Programme
OSH	Occupational Safety and Health
PHI	Peripheral Health Institute
PSU	Public Sector Undertakings
PSE	Public Sector Enterprises
STC	State Tuberculosis Cell
STO	State Tuberculosis Officer
TPT	Tuberculosis Preventive Treatment
TB	Tuberculosis
The Union	International Union Against Tuberculosis and Lung Disease
USAID	U.S. Agency for International Development
WHO	World Health Organization

2. STANDARD DEFINITIONS AND CONCEPTS

Air-borne Infection Control (AIC): Air-borne Infection Control (AIC) measures are a set of practices that minimizes the spread of airborne transmission of infections. These precautions are generic for all airborne infections but they also contribute to reduce the spread of TB.

Corporate TB Pledge: The Corporate TB Pledge (CTP) is a joint initiative of Ministry of Health and Family Welfare, Government of India and US Agency for International Development (USAID) with an objective of galvanizing corporates to jointly work towards a shared vision of eliminating TB from the country.

Discrimination: As referred to in the ILO Convention No. 111, discrimination is defined as any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment and occupation.

Formal Sector: The formal (organized) sector includes primarily those establishments which are covered by the Factories Act, 1948, the Shops and Commercial Establishments Acts of State Governments, the Industrial Employment Standing Orders Act, 1946 etc. This sector already has a structure through which social security benefits are extended to workers covered under these legislations.[1]

Industry: "Industry" means any business, trade, undertaking, manufacture or calling of employers and includes any calling, service, employment, handicraft, or industrial occupation or avocation of workman[2].

Informal Sector: The informal sector, also known as the unorganized sector, consists of all unincorporated private enterprises owned by individuals or households engaged in the sale and production of goods and services operated on a proprietary or partnership basis and with less than ten total workers[3]

Organization: An organization is an entity such as a company, an institution, or an association comprising of one or more people and having a particular purpose. There are a variety of legal types of organizations, including corporations, governmental and non-governmental organizations, political organizations, international organizations, armed forces, charities, not-for-profit corporations, partnerships, cooperatives, and educational institutions, etc. The organization may have either/both permanent and contractual workers.

Presumptive TB: Individuals with presumptive TB are those with signs or symptoms suggestive of TB disease and where further diagnostic workup including bacteriological investigation is required.

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[1] The Factories Act, 1948.
[2] Section 2(j) of the Industrial Disputes Act, 1947
[3] National Commission for Enterprises in the Unorganized Sector (NCEUS).

Peripheral Health Institute: A Peripheral Health Institute (PHI) is a health facility under the National TB Elimination Program (NTEP), manned by at least a Medical Officer (MO), where diagnosis and management of TB are done. It can be a public or private health facility.

Private Sector: The private sector or enterprise refers to the businesses that are owned by a private group or an individual.

Public Sector Undertakings (PSUs): Public Sector Undertaking (PSU) means any corporation established by or under any Central, State or Provincial Act, which is owned, controlled or managed by the Government.

Reasonable accommodation: Any modification or adjustment to a job or to the workplace that is reasonably practicable and enables a person having TB to have access to, or participate or advance in, employment.

Stigma: Stigma is described as a phenomenon whereby an individual with an attribute that is deeply discredited by her/his society is rejected as a result of that attribute. It is a process by which the reaction of others spoils normal identity and which disqualifies the individual from full social acceptance.[4]

Workplace Policy for Ending TB: Workplace Policy for ending TB refers to the document published by State Government/ institution/ enterprises in sync with national policy document 'Policy Framework to address Tuberculosis, TB related co-morbidities and HIV in the World of Work in India.

TB Free Workplace: A TB Free Workplace is defined as a workplace where systems are implemented to protect the workforce from TB and sufferings due to TB and it includes provisions for-
- Ensuring a stigma and discrimination-free environment for all workers affected with TB

- Generating awareness about TB among all workers

- Promoting early & complete diagnosis of TB among the workers

- Supporting correct & complete treatment for all workers affected with TB, while respecting confidentiality of their medical information.

- Connecting workers affected with TB to social protection/welfare schemes and other public health measures for a comprehensive care

- Providing nutritional support to all workers undergoing treatment for TB

- Preventing transmission of TB in the workplace

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[4] Strategy to End Stigma & Discrimination Associated with Tuberculosis, NTEP. Central TB Division, MoHFW, GOI. 2021

- Ensuring reasonable accommodation for all workers affected with TB to enable them to participate or advance in employment.

TPT: Tuberculosis Preventive Treatment (TPT) consists of a course of one or more anti-tuberculosis medicines given with the intention of preventing the development of TB disease. TPT is given to people who are infected with TB bacteria or have been exposed to it but presently do not have an active TB disease.

Worker: Worker refers to any person working under any form or arrangement. An employee, a contractual worker etc. can all be referred as workers.

Workplace: Workplace refers to any place in which workers perform their activity.

3 BACKGROUND

An estimated 10.6 million people fell ill with Tuberculosis (TB) globally in 2022[5]. India carries an estimated 27% of the global TB incidence with an estimated 28.2 lakh people contacting the disease and approximately 3.4 lakh people succumbing to the disease every year. The surveillance efforts in India marked a milestone year in 2022, with a record high notification of 24.2 lakh cases.[6]

Source: Global TB Report 2023

Source: India TB Report 2023

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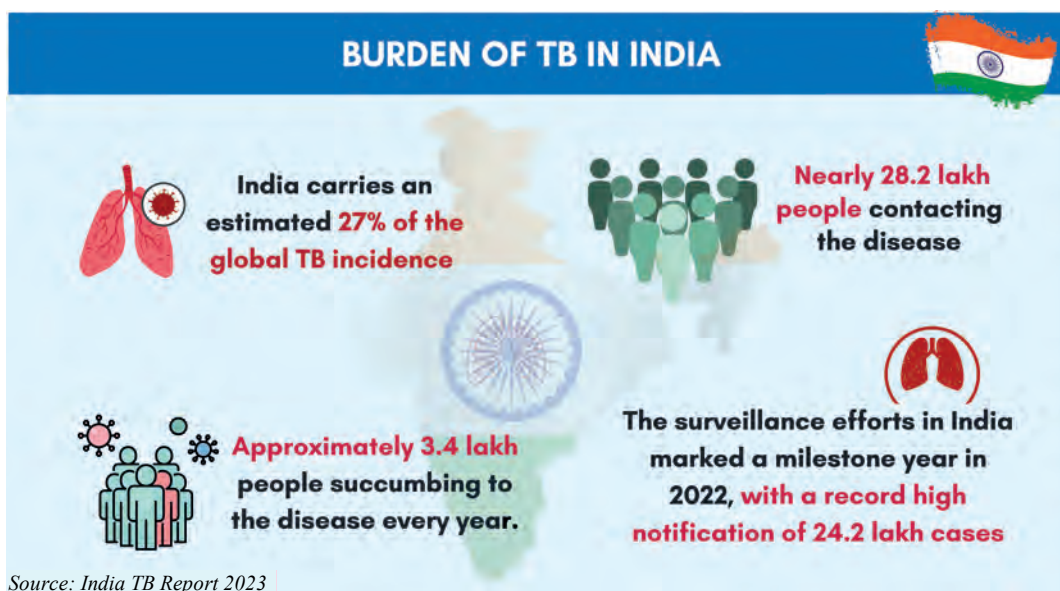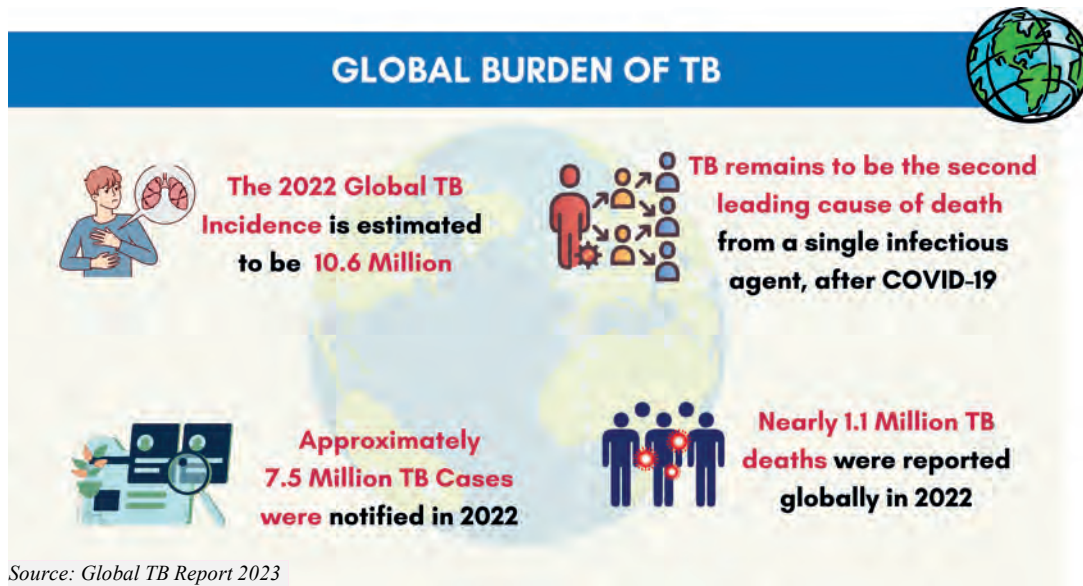
[5] Global TB Report 2023
[6] India TB Report 2023

The National Multisectoral Action Framework for TB-Free India, which aims at building partnerships for convergent actions for a holistic response to TB epidemic, has identified 'TB Free Workplace' as one of the six strategic areas for multisectoral action. Engagement of workplace settings towards a 'TB Free Workplace' is an effort to complement government initiatives for ending TB among the working population engaged in various occupational settings (formal and informal) through strategic interventions at workplaces.

Government of India has developed and released a 'Policy Framework to address Tuberculosis, TB related co-morbidities and HIV in the World of Work in India' in 2019. The overall goal of this policy framework is to provide an operational framework to all stakeholders in the world of work towards the goal of ending TB by 2025.

AN EMPLOYEE WITH TB MIGHT LOSE AN AVERAGE OF 3–4 MONTHS OF WORK AND INCOME

Source: Stop TB Partnership and WHO

THE ECONOMIC BURDEN CAUSED BY TB IN INDIA HAS BEEN ESTIMATED TO BE OVER 13000 CRORES INR EVERY YEAR.

Source: The Economic impact of Tuberculosis. The Stop TB Initiative, WHO, Geneva.2000
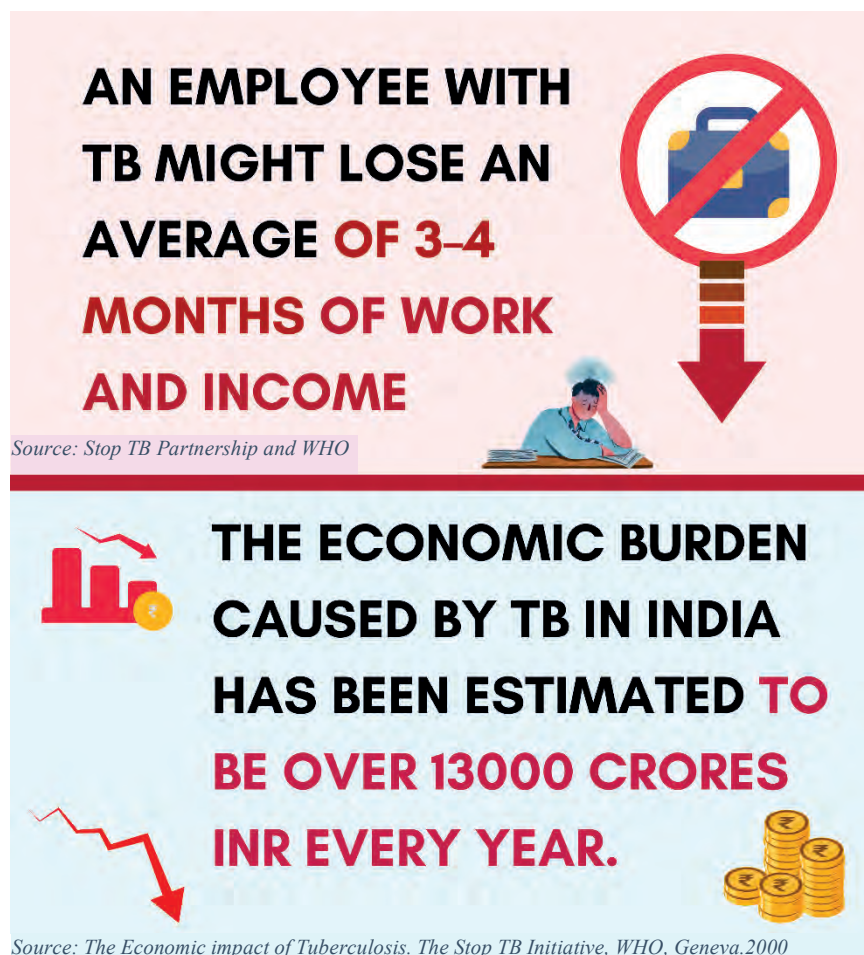
3.1 WHY DO WE NEED TB FREE WORKPLACE?

The economic burden of TB in terms of loss of lives, income and workdays is substantial. TB usually affects the most economically productive age group of society resulting in a significant loss of working days and pushing people with TB further into the vortex of poverty due to catastrophic costs. India has more than 500 million workers, majority of whom work in unorganized sector with no or limited access to healthcare and social security. A worker with TB might lose an average of 3–4 months of work and income, resulting in potential losses of 20-30% of their annual household income. The economic burden caused by TB in India has been estimated to be over 13000 crores INR every year.[7,8]
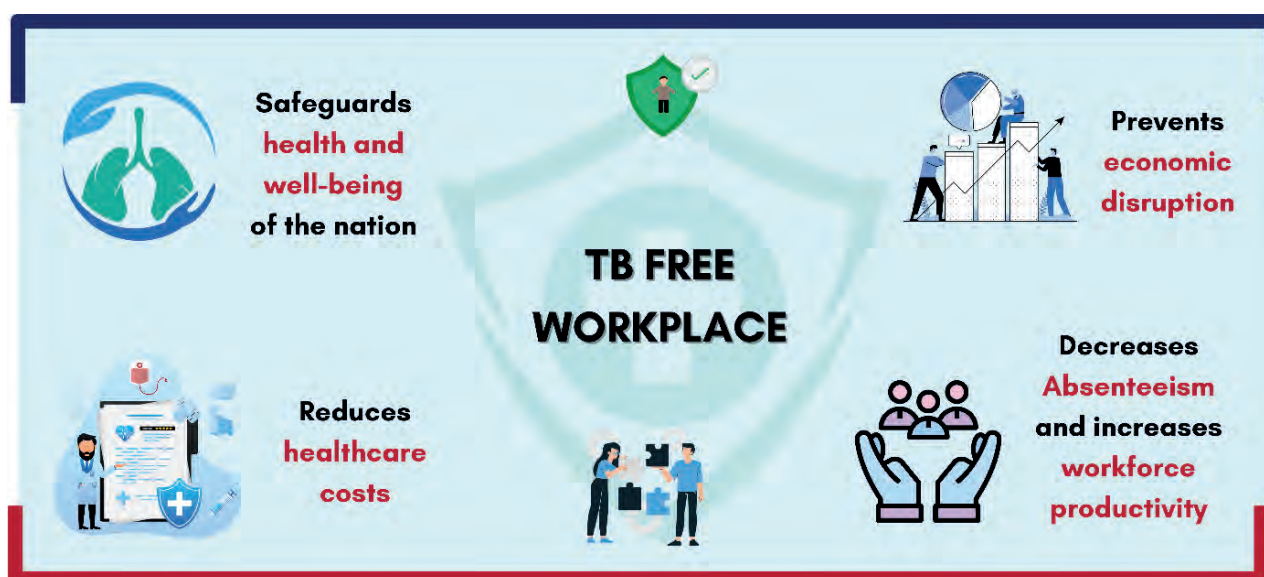
The world of work can play a critical role in ending TB in India. TB epidemic leads to substantial economic repercussions for both individuals and organizations due to lost productivity, worker absenteeism and employee turnover. Employers need to assume an accountability to adopt and implement a TB Free Workplace intervention. A healthy workforce results in higher productivity making supportive workplace policies mutually beneficial for the industry and its employees. A successful and innovative TB Free Workplace model implemented by any organization, puts them in the forefront of the nation's movement to end TB.

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[7] Research for Action: Understanding and controlling TB in India. SEARO, WHO, New Delhi, 2000
[8] The Economic impact of Tuberculosis. The Stop TB Initiative, WHO, Geneva.2000

4. TB FREE WORKPLACE

4.1 WHAT IS A TB FREE WORKPLACE?

A TB Free Workplace is defined as a workplace where systems are implemented to protect the workforce from TB and sufferings due to TB and it includes provisions for –

- Ensuring a stigma and discrimination-free environment for all workers affected with TB

- Generating awareness about TB among all workers

- Early & complete diagnosis of TB among the workers

- Supporting correct & complete treatment for all workers affected with TB, while respecting confidentiality of their medical information.

- Connecting workers affected with TB to social protection/welfare schemes and other public health measures for a comprehensive care

- Providing nutritional support to all workers undergoing treatment for TB

- Preventing transmission of TB in the workplace

- Ensuring reasonable accommodation for all workers affected with TB to enable them participate or advance in employment.
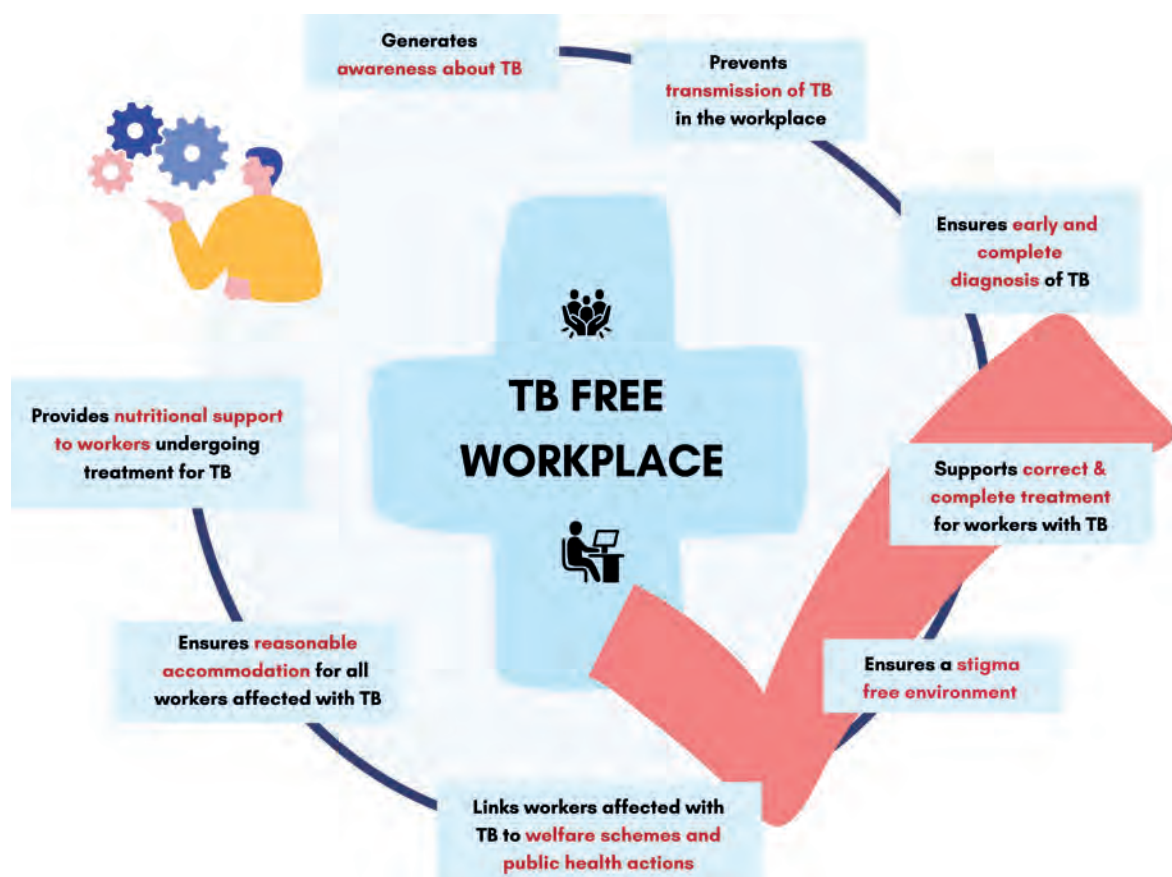
OBJECTIVES OF ESTABLISHING A TB FREE WORKPLACE

Promote **awareness on TB prevention, early diagnosis, and treatment**

Support and ensure early and **free diagnosis of TB** among workers

Ensure **care and support services** for all workers affected with TB

Facilitate and ensure **access to anti-TB drugs**

Advocate for a **stigma free environment** to access TB services

Ensure **reasonable accommodation** for all workers affected with TB

4.2 HOW DO WE ESTABLISH A TB FREE WORKPLACE?

To establish a TB Free Workplace, it is essential for the senior management of any organization to first be sensitized on TB and its burden. Subsequently, make a commitment to create an environment with certain provisions where all their workers, including contractual workers: (a) have easy access to information and services on TB and workers feel confident to utilize these services; (b) have an environment conducive for prevention of TB; (c) encourage periodic screening for active TB with utmost regard for maintaining worker confidentiality; (d) workers with active TB are identified early and are put on complete treatment; (e) linked to appropriate social protection/welfare schemes and other government schemes; (f) are provided nutritional support during treatment; (g) receive leave benefits and employment protection; and (h) are not discriminated either based on real or perceived TB status. The organization can take the support of the government health system and/or suitable NGOs to implement TB related activities in the workplace.

ESTABLISHING TB FREE WORKPLACE

By providing easy access to **information and services on TB**

By having an **environment** conducive for **prevention of TB**

By **gaining confidence** of workers to utilize the **TB-related services**

By organizing **periodic screening** and ensuring **early identification** of workers having active TB

By ensuring **no discrimination** based on workers real or **perceived TB status**

By initiating **TB treatment for workers** with active TB

By supporting **workers during treatment.**

By providing workers with **employment protection**

4.3 KEY ACTIVITIES IN A TB FREE WORKPLACE

4.3.1 ADOPTING GUIDELINES/POLICY FOR TB FREE WORKPLACE

Employers need to demonstrate their commitment to adopt and implement a TB Free Workplace intervention. Any organization committed to becoming a TB free workplace will have a policy/guidelines ensuring their commitment to non-discrimination on grounds of real or perceived TB status; awareness generation; prevention of TB transmission; early diagnosis; treatment initiation; support for completion of treatment; and continuation of employment relationship irrespective of the disease status. A model organization's workplace policy is attached as Annexure 7.1.

4.3.2 SETTING UP A WORKPLACE COMMITTEE FOR IMPLEMENTING THE POLICY/GUIDELINES AND MONITORING THE PROGRESS

While the overall accountability of adopting and implementing the workplace policy rests with the management (Director Board/Chief Executive Officer/Managing Director), for day to day co-ordination and implementation of activities, it is desirable to have a workplace committee in place. **A** TB free workplace committee needs to be established with clear terms of reference (Model ToR Annexure 7.2).

The committee needs to: -

- Prepare annual action plan related to workplace intervention for ending TB.
- Mobilize resources, including identification of volunteers, for implementation of action plan.
- Implement the interventions as per the action plan

THE COMMITTEE NEEDS TO

Prepare annual action plan related to workplace intervention for ending TB

Mobilize resources, including identification of volunteers, for implementation of action plan

Implement the interventions as per the action plan

For smaller workplaces (Up to 100 workers), if it's difficult to establish a committee, a nodal person from the organization may be nominated to oversee planning and implementation of workplace intervention on TB. (Customise the ToR for the nodal person based on Annexure 7.2)

4.3.3
IDENTIFICATION AND TRAINING OF PEER EDUCATORS
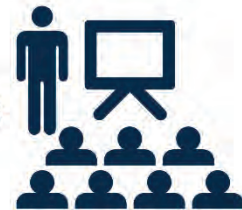
Peer educators are the selected workers among the workforce who, after getting trained, play a key role in the implementation of the TB programme in their workplace. They are expected to provide awareness, screening and treatment support to the workers in need. Ideally, one peer educator should be there for 50 workers.

A Peer Educator should:
- be literate with formal education up to Eighth class (preferable)
- have effective communication skills & leadership qualities
- be accepted by their peers in the workplace

A PEER EDUCATOR SHOULD ☑

Be literate with formal education upto Eighth class (preferable)

Have **effective communication skills & leadership qualities**

Be **accepted by their peers** in the workplace

All peer educators need to undergo four hours of 'Course for health volunteer and treatment supporters in NTEP', endorsed by Central TB Division, and obtain their certificates. Peer educators engaged in other health and wellness activities at workplaces like in occupational safety and health, HIV programmes etc. can also be trained and engaged. In a workplace with a health facility, the health staff can be further equipped to become trainers for training the peer educators.

4.3.4 GENERATING AWARENESS AMONG WORKERS & THEIR FAMILIES REGARDING KEY MESSAGES ON TB

The entire workforce needs to be sensitized on the organization's commitment to make the workplace TB Free and the policy/guidelines related to it.

Awareness Messages need to focus on:

   a) Organization's commitment to End TB in the workplace
   b) Cough etiquette and respiratory hygiene to be followed to prevent TB and other respiratory infections.
   c) Symptoms and diagnosis of TB
   d) Facilities for diagnosis and treatment of TB
   e) Government Schemes available for workers affected with TB

AWARENESS MESSAGES NEED TO FOCUS ON

Organisation's **commitment to End TB** in the workplace

Cough etiquette and respiratory hygiene to be followed to prevent TB and other respiratory infections

Symptoms and diagnosis of TB

Facilities for **diagnosis and treatment** of TB

Government Schemes available for workers affected with TB

Information Education Communication (IEC) activities for awareness generation could be done through posters on TB at strategic locations, health talks with experts on TB, periodic health & wellness sessions, broadcasting messages on TB through internal Audio-Visual systems and propagating messages through social media groups.

4.3.5
BRANDING 'TB FREE WORKPLACE'

Proper branding of workplace interventions for ending TB will have significant impact on mobilization of workers towards adopting healthy behaviours. This can include adopting an overarching theme such as **'Ending TB: We are working towards it!'**

The TB Free Workplace theme may be adapted by workplaces themselves through consultations and then displayed in strategic locations of the workplace to inspire action and implementation of the workplan.

4.3.6

LINKAGES WITH HEALTH FACILITIES/NGOs OR
DEVELOPING & EQUIPPING OWN HEALTH FACILITIES FOR PROVIDING TB SERVICES

The management needs to establish linkages with health facilities/NGOs or equip their own health/ OSH facilities to provide the entire spectrum of TB services including testing and treatment. This could also be done in partnership with the local NTEP networks.
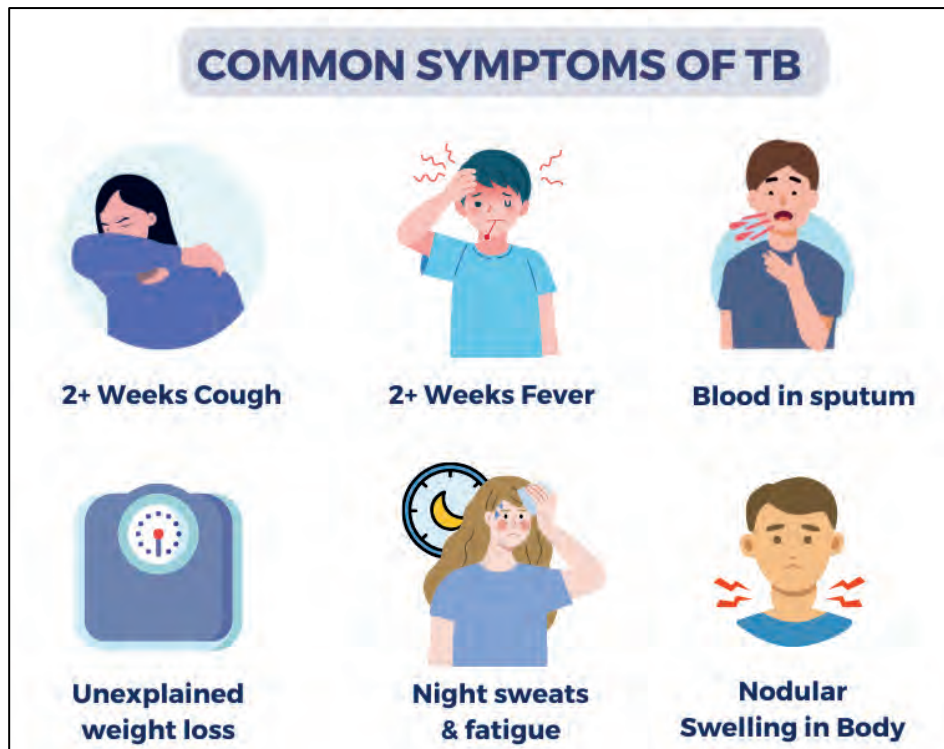
4.3.7

REGULAR SCREENING FOR TB AT THE TIME OF INDUCTION OF WORKERS AND AT PERIODIC INTERVALS

Regular screening can be conducted either by asking the workers for symptoms suggestive of TB or by taking a Chest X-ray. Anyone having any of the major TB symptoms (persistent cough for 2 weeks or more, evening rise of temperature / fever for 2 weeks or more, unexplained weight loss, complete loss of appetite, blood in sputum, night sweat & fatigue) or visible abnormalities in the Chest X-ray will be identified as workers with presumed TB. In case of occupations such as mining, textile, construction, glass etc., TB screening may be done once in every quarter.

Organizations can promote self-screening among the workers through the TB Aarogya Sathi Application (https://play.google.com/store/apps/details?id=com.tb.aarogya.sathi&pcampaigni d=web_share)

COMMON SYMPTOMS OF TB

2+ Weeks Cough

2+ Weeks Fever

Blood in sputum

Unexplained weight loss

Night sweats & fatigue

Nodular Swelling in Body

4.3.8

ENSURING ALL WORKERS WITH PRESUMPTIVE TB ARE EVALUATED FOR TB

Post screening, ensure all workers with presumptive TB are evaluated for TB. A systematic specimen collection and transportation process may be established so that specimen collected from all workers with presumed TB reaches the nearest TB detection centre for further investigations and evaluation.

## 4.3.9 ENSURING ALL WORKERS DIAGNOSED WITH TB ARE PUT ON TREATMENT

It has to be ensured that all workers diagnosed with TB are promptly put on treatment at the organization's health facility of the workplace or linked to the nearest NTEP health facility.

Details are available in the link: https://reports.nikshay.in/Reports/PhiDirectory

4.3.10 FACILITATING TREATMENT SUPPORT TO WORKERS WITH TB
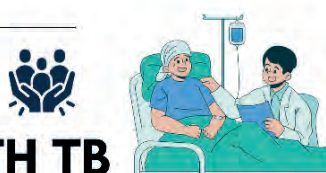
Treatment support consists of counselling, adherence support, nutrition support, psychological support, welfare schemes for workers, linkage to other social protection schemes etc. Additional customized support for the workers such as support for transportation, support for air borne infection control kits etc. may also be provided by the management. This can also be done with the support of National TB Elimination Programme.

The Ministry of Health & Family Welfare, through Central TB Division, has introduced the 'Pradhan Mantri TB Mukt Bharat Abhiyaan' (PMTBMBA) campaign in which the community is encouraged to adopt people affected with TB and support them in the form of nutritional support, nutritional supplements, additional investigations, and vocational support for a minimum period of six months or maximum period of up to three years. Workplaces are encouraged to identify Nikshay Mitras to support their workers affected with TB.

The details of PMTBMBA & the support provisioned under this are available in the link: https://communitysupport.nikshay.in/

4.3.11
PROTECTION FROM LOSS OF JOB/PROTECTION OF WAGES

Management may take possible steps to provide reasonable accommodation to workers affected with TB from the loss of job/wages. This may include leave or temporary change in allotted duties to continue treatment or others as situation demands. Based on advice of the medical doctor, the worker may be encouraged to resume work once they become non-infective of TB.

4.3.12
ENSURING THAT AIR-BORNE INFECTION CONTROL (AIC) MEASURES ARE FOLLOWED

Since TB is an air-borne disease, workplaces need to follow measures to control the transmission of TB among the workers. Risk assessment of workplaces may be conducted every year by a medical/nursing professional using the checklist for Air-borne Infection Control in workplaces in Annexure 7.5. Compliance to the recommendations in the assessment report needs to be ensured by the committee.

4.3.13
MONITORING & DOCUMENTATION

Monitoring of the activities against the annual plan need to be done routinely by the management. It has to be ensured that the information of workers diagnosed with TB is updated on a real time basis in Ni-kshay, the management information system of NTEP. It is also a

good practice to publish a one-page annual report regarding the TB status and efforts to end TB in the workplace.

Monitoring indicators for workplace TB intervention:

S. No.	Monitoring Indicators	Data Source	Frequency
1	Number of IEC materials displayed out of the total number of IEC materials planned to be displayed	Action Plan and Activity records	Monthly
2	Number of awareness generation activities conducted on TB out of the total number of awareness generation activities planned	Action plan and Activity records	Monthly
3	Proportion of workers screened for TB (Number of workers screened/ Total number of workers planned to be screened)	Action plan and Screening Records	Monthly
4	Number of workers identified with presumed TB	Ni-kshay	Monthly
5	Proportion of workers tested/evaluated for TB (Number of workers tested or evaluated/ Total number of workers identified with presumed TB)	Ni-kshay	Monthly
6	Number of workers newly diagnosed with TB	Ni-kshay	Monthly
7	Number of workers initiated on TB treatment out of the newly diagnosed cases	Ni-kshay	Monthly
8	Total number of workers currently on TB treatment	Ni-kshay	Monthly
9	Number of workers supported with nutrition out of the total number of workers on TB treatment	Activity Records	Monthly
10	Airborne Infection Control at Workplace (Satisfactory/ Needs improvement)	Assessment Report	Quarterly

5. DECLARATION FOR A TB FREE WORKPLACE SETTING

Any workplace management can self-declare to be a 'TB Free Workplace' based on the check-list provided in Annexure 7.3. The workplace committee can conduct an assessment to review all the interventions and align them with the check-list. Once verified, the management can declare their workplace as a TB Free Workplace setting. This does not mean that there is no TB in the workplace, this means that the workplace has implemented all the interventions to end TB and sufferings due to TB in their workplace. The self-declaration may be valid for a time period of one year and can be renewed by the workplace committee under the same process.
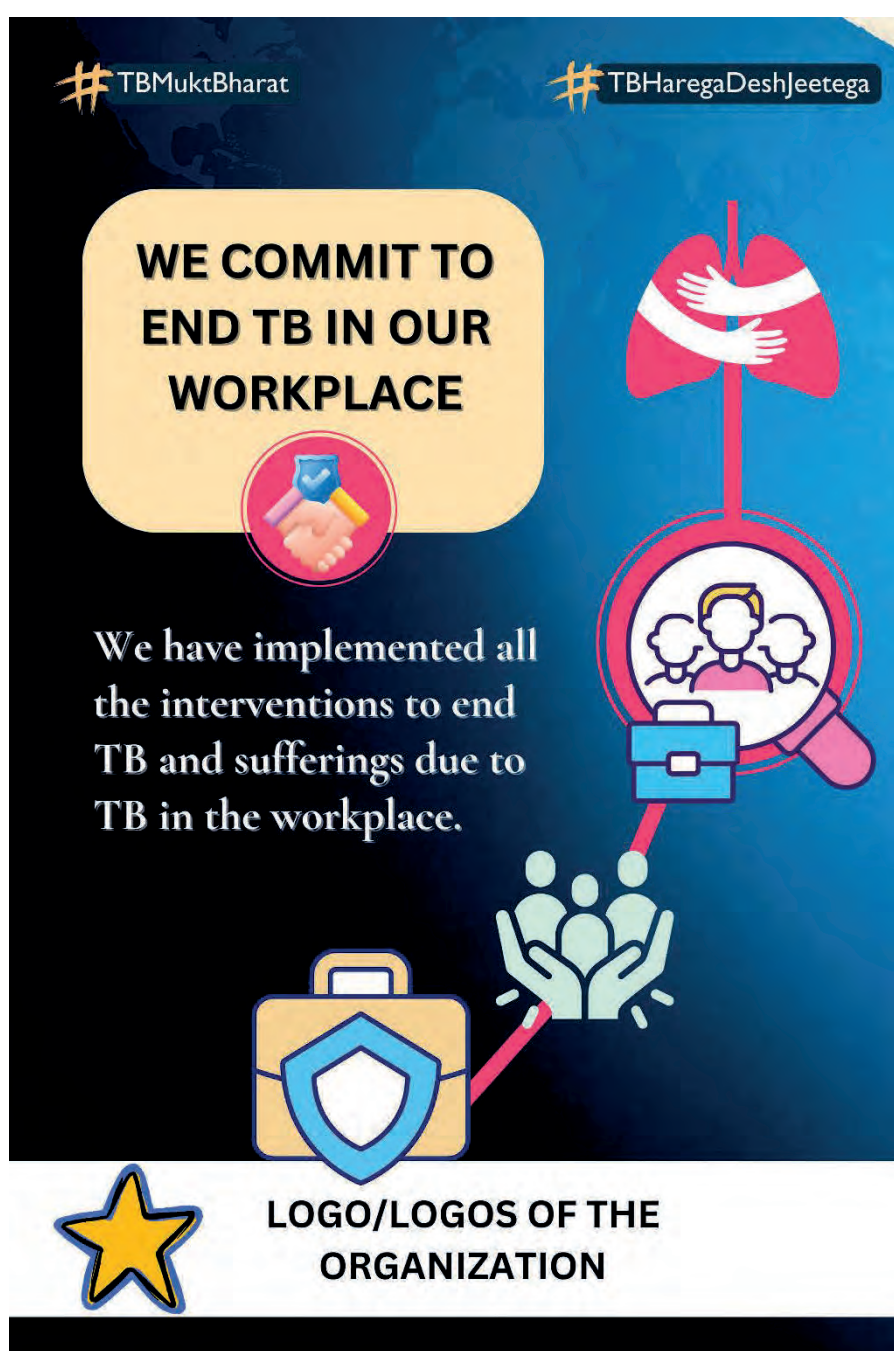
Once the aforementioned process is completed, the organization may inform this to the District TB Center. The District TB Officer or their representative (MOTC, MO-PHI) can review and certify the organization to have moved 'Towards a TB Free Workplace'.

The role of State TB office is to maintain a district-wise database of organizations that have been certified on moving towards a TB Free Workplace. The Certification (see below) needs to be properly displayed at a prominent location in the workplace.

Figure: Model certificate issued by District TB Center to the Organization on moving 'Towards a TB Free Workplace'

6. TECHNICAL GUIDANCE AND SUPPORT

Technical support for establishing a TB Free Workplace will be provided by:

- Central TB Division (CTD), Ministry of Health & Family Welfare, GoI. https://tbcindia.gov.in/

- National TB Elimination Programme (NTEP) – Concerned State TB Cell & District TB Centre. For further information on the State and District TB centres, kindly visit the links to the directory of District TB Officer and State TB Officer respectively:

  DTO Directory: https://reports.nikshay.in/Reports/DtosDirectory

  STO Directory: https://reports.nikshay.in/Reports/StosDirectory

The brief roles of 'NTEP' at state and district with regard to Workplace Intervention has been briefly mentioned in Annexure 7.4

- Corporate TB Pledge (CTP) Secretariat, The Union – technical support to corporate organizations for designing and implementing TB related activities and projects. For further information, kindly visit: www.corporatetbpledge.org

Several guidelines and resources developed by Central TB Division and partner organizations are extremely useful for reference:

- Guidance Document on Partnership 2019, CTD, MoHFW. (https://tbcindia.gov.in/WriteReadData/l892s/9531588006Guidance%20Doucument%20on%20Partnerships%20RNTCP%202019.pdf)

- Policy Framework to address Tuberculosis, TB related co-morbidities and HIV in the World of Work in India, MoLE, GOI. (https://labour.gov.in/sites/default/files/framework.pdf)

- A Resource Manual for Peer Educators of Enterprises on TB and HIV/AIDS Workplace Programmes. (Resource Manual for Peer Educators of Enterprises on TB and HIV/AIDS Workplace Programmes (ilo.org))

- Employer Led Model for Tuberculosis Prevention and Care, CTD, MoHFW. (https://tbcindia.gov.in/WriteReadData/Reach%20ELM%20Operational%20Manual.pdf)

- National Multi sectoral action framework for TB Free India. (https://tbcindia.gov.in/WriteReadData/l892s/57479351National%20Multisectoral%20Action%20Framework%20for%20TB-Free%20India_30-8-19.pdf)

- Statement of Commitment of India Employer Organizations on addressing TB and HIV in the World of Work (https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/publication/wcms_744694.pdf)

- National Framework for a Gender Responsive Approach to TB in India
  (https://tbcindia.gov.in/showfile.php?lid=3496)

- Standards for TB Care in India
  (https://tbcindia.gov.in/showfile.php?lid=3061)

- Training Curriculum for Peer Educators
  Course for Health Volunteers and Treatment Supporters in NTEP | Knowledge Base

- Guidelines on Airborne Infection Control in Healthcare and other settings
  https://tbcindia.gov.in/WriteReadData/l892s/4830321476Guidelines_on_Airborne_Infection_Control_April2010Provisional.pdf

- India TB Report 2023, CTD, MoHFW, Govt. of India.
  (https://tbcindia.gov.in/WriteReadData/l892s/5646719104TB%20AR-2023_23%2003-2023_LRP.pdf)

- Global Tuberculosis Report 2023, WHO
  (https://www.who.int/publications/i/item/9789240083851)

- IEC materials on TB
  (https://tbcindia.gov.in/index1.php?lang=1&level=1&sublinkid=4837&lid=3188)

7. ANNEXURES

7.1 MODEL ORGANIZATION'S WORKPLACE POLICY FOR ENDING TB

<u>Name of the Organization</u>

<div style="border:2px solid black;">

WORKPLACE POLICY
FOR ENDING TB

</div>

Policy Number	
Authorization	
Next Review Date	
Responsible Officer	
Policy Owner	
Total Pages	

INTRODUCTION

In 2022, an estimated 10.6 million people fell ill with TB globally. India carries an estimated 27% of the global TB incidence with an estimated 28.2 lakh people contracting the disease and approximately 3.4 people succumbing to the disease every year.

It has become essential to create a work environment where TB is addressed and provision of TB services for the workers is made available. A healthy workforce results in higher productivity, making supportive workplace policies mutually beneficial for the industry and its employees. Institutional policies for TB can play a pivotal role in spreading awareness, creating a culture of support and inclusion and helping in the prevention and spread of TB. Every organization assume an accountability to adopt and implement a policy to end TB in their workplace. The following points outline the main pillars that set the standard for TB care at the workplace.

A brief introduction of the organization: ……………..*A short paragraph about the organization, capturing its workforce and mission/values particularly with regards to health and wellness of employees. The organization has a role to play in contributing to a TB-Free India………………………*
Scope of the policy: ………………*(Mention who all are covered in the policy)* ………………..……….

ORGANISATION'S POLICY

- The organization will treat TB as a workplace issue because it affects the health of workers and the productivity of the organization.

- The organization will not discriminate against workers based on known or presumed status of Tuberculosis. No one should experience discrimination on the basis of their TB status, whether in terms of continuing employment relationships or access to health insurance, occupational safety, and health care schemes.

- The organization will not ask job applicants or employees to disclose information whether they have TB or not. Access to personal data about health status of employees, including about TB will be kept confidential.

- Organization shall foster a culture of care towards workers who are afflicted with Tuberculosis.

- Prevention of TB will be a key priority. Continuous efforts will be made to make workers aware of symptoms of Tuberculosis, and the importance of early diagnosis and treatment

- Employees will be encouraged to seek voluntary TB screening, including self-screening

- Air-borne Infection Control measures will be promoted to prevent transmission of Tuberculosis among the workers.

- Counselling services will be ensured for workers and their family members seeking help on issues related to Tuberculosis.

- Support for treatment adherence and completion will be provided to all workers affected with TB.

- Provision of nutritional support to all workers undergoing treatment for TB.

- Employees with TB should be entitled to work for as long as they are medically fit and appropriate work is available. Reasonable accommodation will be provided to workers affected with TB to enable them to keep their jobs. This may include leave or temporary change in allotted duties to continue treatment or others until the situation demands.

- Information of all workers' data diagnosed with TB will be updated in Ni-kshay.

Date   :

Approved by:

7.2 MODEL TOR FOR TB FREE WORKPLACE COMMITTEE

TB Free Workplace Committee

Name of the Organization……………...

The economic burden of TB in terms of loss of lives, income and workdays is substantial. A large section of the population affected by TB also belong to the economically productive age group that results in a significant loss of working days, pushing people with TB further into the vortex of poverty due to catastrophic costs. Therefore, it is essential to create a work environment where TB is addressed and provision of TB services for the workers is made available. Every organization assumes an accountability to adopt and implement a policy to end TB in their workplace. Ongoing efforts are required to engage different departments and individuals for diversified representation. A workplace committee is formed to ensure proper planning, implementation, and monitoring of TB interventions in the workplace.

I. The Purpose of TB Free Workplace Committee

The TB Free workplace committee will help the management in planning and implementation of TB and workplace activities. The Committee will ensure equitable and gender sensitive approach to the implementation of TB prevention, treatment and care activities in the workplace.

II. Proposed Composition of TB Free Workplace Committee

The Committee would have representative from senior management as chair. Other members include representatives from Human Resource Department, Medical/OSH Unit, CSR wing, Welfare Department and representatives of workers. A person cured from TB/TB Champion may also be included in the committee. Additionally, committee's gender balance may be maintained.

III. Roles & Responsibilities of the Committee

TB Free Workplace Committee would

1. Initiate and strengthen organization's response to TB in the workplace.
2. Draft organization's workplace policy/guidelines on ending TB.

3. Develop annual action plan and mobilize support including required resources for implementation

4. Organize TB awareness activities at/around the workplace premises

5. Address negative attitudes towards people with TB and increase awareness among the workers regarding TB

6. Ensure availability and display of relevant IEC materials at strategic locations across the workplace premises.

7. Ensure every health facility associated with ABC Organization has a Ni-kshay ID and every TB case detected in the organization to be enrolled in Ni-kshay Portal.

8. Facilitate linkage with the government's social protection schemes so that the workers, particularly the contractual workers may avail the benefits.

9. Conduct periodic TB screening and ensure all workers with presumed TB are tested/evaluated.

10. Develop linkages with public or private diagnostic centres for referral of workers with presumed TB.

11. Ensure that list of local testing and treatment services for TB in Government and private sector is made available to all workers and their families.

12. Develop a mechanism to monitor the implementation of the policy/guidelines and activities for ending TB.

13. Document and disseminate good practices and learnings.

14. Publish a one-page annual report regarding the TB status and efforts to end TB in the workplace.

IV. Frequency of meetings

The committee may meet once in a quarter.

The minutes of the meetings need to be maintained.

_____   Date: _____

Head of Management,

Name of the Organization……………

7.3 CHECKLIST FOR IMPLEMENTING TB FREE WORKPLACE INTERVENTIONS

Suggested activity and monitoring framework for workplace response to becoming a 'TB Free Workplace':

S. NO.	INDICATORS	MEANS OF VERIFICATION
1.	**For smaller workplaces (Up to 100 workers):** A nodal person from the organization is nominated to oversee planning and implementation of workplace intervention on TB. **For larger workplaces (More than 100 workers):** TB free workplace committee is established with clear terms of reference	Letter of management/Written document on constitution of committee and/or a nodal person
2	**Policy/guidelines on workplace interventions for TB**	Written policy/guidelines document
3	**IEC materials** are available and displayed	Information, Education, Communication (IEC) materials regarding TB, its prevention, treatment and NTEP facilities for TB, are displayed at strategic locations in the workplace
4	**Periodic awareness generation activities** on TB is organized for all the workers	Documentation of awareness generation activities (Class/ Seminar/ emails/ social media groups/virtual platform/videos etc.)
5	**TB screening** may be organized at least twice a year encouraging workers to screen for TB in order to promote early diagnosis and treatment. In case of occupations like mining, textile, glass, TB screening events may be organized once in every quarter.	Documentation of screening process revealing more than 90% of workers screened in the last 6 months
6	Ensure all workers **with presumed TB are completely tested/evaluated**	Case based documentation of presumed TB with results of test/evaluation (More than 95% of people with presumed TB are tested/evaluated in the last 6 months)

S. NO	INDICATORS	MEANS OF VERIFICATION
7	Ensuring all workers diagnosed with TB are **reported to NTEP** and **initiated on treatment**	Verify in Ni-kshay
8	**Welfare mechanism for all workers affected** with TB may be introduced (like leave benefits, travel support, nutrition supplements etc.)	Documentation of support provided to workers with TB/ Interviewing workers with TB
9	**Airborne Infection Control** systems are in place	AIC assessment report and compliance report.

7.4 ROLE OF NTEP AT STATE AND DISTRICT LEVEL IN IMPLEMENTING WORKPLACE INTERVENTION

State and District TB Cells play a crucial role in engaging workplaces to establish a TB free workplace setting. Their role includes:

- Mapping of key industries and leading business association/s in the state and districts respectively.

- States may develop a 'State TB Workplace Policy' in alignment with National Strategic Plan (NSP) and National Policy Framework to address TB and TB related co-morbidities in the world of work.

- Garnering political and administrative support for collaborating with different workplaces to initiate workplace intervention for TB.

- Developing state and district specific road-map or work plan for an intensified approach to influence different workplaces to adopt interventions for establishing a TB Free Workplace.

- Organize state and district level sensitization meetings and training programme for nodal officers of corporates for partnership for collaborative action.

- Providing technical support to engage workplaces in the TB space

- Supporting capacity building of management, workplace committee, peer educators, and health staff of workplace.

- Ensuring provisions for TB evaluation/testing, treatment initiation, and public health actions for the workers in collaboration with the workplace committee.

- Developing IEC materials and organize awareness generation activities on TB in the workplaces.

- States can develop checklist, reporting system, conduct programmatic review meetings to get update from Districts on corporate response on TB, conduct regular review meeting, field visit to corporates.

- District to conduct assessment and verify a corporate's claim on being a TB Free Workplace.

- The State TB office to maintain a district-wise database of certified TB Free Workplaces.

- Documenting and disseminating best practices on workplace interventions for TB.

- Facilitate selected industries for outstanding contribution on TB intervention.

7.5 AIR-BORNE INFECTION CONTROL CHECK-LIST

S. NO.	ICON	WORKPLACE CHECKLIST FOR AIRBORNE INFECTION CONTROL	YES	NO	REMARK
		Administrative			
1	SELF SCREEN	Workers are encouraged to self-screen for cough before entering the workplace.			
2	COUGH ETIQUETTE	Signage for cough etiquette are present and adequately displayed across the workplace.			
3	CORRECT USAGE OF MASK	Workers with cough are provided with masks and educated on its correct use & disposal.			
4	CONVENIENT WORKSPACE	Workers affected with TB are reassigned to a more convenient workspace on request.			
5	AIC	Airborne Infection control assessment is conducted at least annually			
6	VENTILATION	Facility design and workers seating has been assessed for the best use of space and ventilation			

		Environmental			
7	HAND WASHING	Hand washing facility with running water and soap accessible to all workers.			
8	CROSS VENTILATION	Workplace areas have good cross-ventilation in all areas and total areas of windows and doors >20% of floor area in each floor.			
9	MECHANICAL VENTILATION	Wherever cross-ventilation is not possible, mechanical ventilation (for e.g. exhaust fans) is properly used to ensure minimum six air change per hour			
10	SIGNAGES	Signages in place to keep doors and windows open when feasible.			
11	REGULAR CLEANING	Regular cleaning and maintenance of directional and extractor fans is conducted.			
12	SERVICING AC	Servicing documentation of Air conditioners is maintained and is available for review.			

2024

CENTRAL TUBERCULOSIS DIVISION

MINISTRY OF HEALTH & FAMILY WELFARE

GOVERNMENT OF INDIA