

NATIONAL ACTION PLAN FOR THE PREVENTION OF PNEUMOCONIOSES TURKEY

1. Determination of the Importance of the Problem

Pneumoconiosis is one of the most frequently faced occupational lung diseases in Turkey and is known as one of the preventable. It is possible to prevent Pneumoconiosis by the way of effective protection and prevention methods at all steps of occupational health services. Since regular and effective monitoring on occupational health and safety in our country is not be able to be applied, new Pneumoconiosis cases are determined even in coal mining enterprises which are expected to take control against Pneumoconiosis.

In addition, recently silicosis cases have been determined increasingly in the sectors that are not known until today (sandblasting of jeans by sand spraying, glass shaping works etc). Because of the troubles related to occupational diseases notification system in Turkey, diagnosis of the pneumoconiosis cases is relatively low in the records as other occupational diseases. Thus, when the non-notified pneumoconiosis cases are taken into account, the importance of the pneumoconiosis can be understood clearly for our country. Therefore, there is a need for an immediate action plan.

In the intervention process, the pilot works should be started immediately in the determined sectors. With this, in the risky sectors pneumoconiosis frequency and its effects will be presented, moreover assessment of working environment with respect to pneumoconiosis and formation of thought about the health surveillance of the workers, review of legal processes and gathering information for necessary arrangements will be possible.

2. Taking account the socio-economical situation in the country

Pneumoconiosis that causes occupational diseases and the high mortality rates results both societal problems, high costs of treatment and compensatory and the loss of the workforce, so that it generally affects manufacturing process and working peace in the country.

Therefore, by means of through serious measures which will be realized it will be primarily ensured for employees to participate to production actively and also the costs of the treatment and compensatory will be minimized.

3. Determination of employees working under risk

Some sub-sectors based on mining (rock, soil, clay, sand etc.) are very common in our country. Like the other sectors in our country, majority of the firms in this sector are small sized enterprises. Health risks caused by global problems in the small sized enterprises are shown even greater in our country. The limited numbered epidemiological studies made in this field shows that the risk of pneumoconiosis is significantly high among the workers in this sector.

The improvement of national pneumoconiosis control program will be progressed more efficiently via the assessment of the official data by Occupational Health and Safety Centre (İSGUM) to determine risk containing sectors and population working under risk in order to establish a base for national scaled activities which will be planned.

4. Determination of prevention strategies

For this purpose the following measures should be taken:

- ~ The necessary changes should be done in the regulation of dust control,
- ~ Determination and monitoring of the fields in which the fibrinogen minerals are used.
- ~ Making the inspection more effective by taking the prevention culture in to account especially in the establishing phase of workplaces.
- ~ Enabling the workplace audits by notification of the index cases to Ministry of Labour and Social Security (MoLSS).
- ~ Enabling the participation of the social parts.

5. Determination of participants that the cooperation will be done by the institutional frame

- ~ Ministry of Labour and Social Security

- ~ Ministry of Health
- ~ Ministry of Energy and Natural Resources
- ~ Ministry of Industry and Trade
- ~ Ministry of Environment and Forestry
- ~ Employees' and employers' organizations
- ~ Universities (related departments of medicine and engineering)
- ~ Related organizations of occupation and expertise (TTB, TMMOB, Thorax Assoc., Radiology Assoc, etc)
- ~ Related non-governmental organizations (T.HASAK, HASUDER etc)
- ~ ILO Turkey Office

6. Fields that have priority for implementing the program and embody the activity

Priority having pilot working fields that are planned for the implementation of the program are predicted as follows:

- ~ Workplaces that uses asbestos in manufacturing,
- ~ Sandblasting and grinding workplaces in which quartz is used.

7. Criteria of implementation and evaluation of pilot working

- Determination of the workplaces and population that are under pneumoconiosis risk,
- Enabling workers have chest radiography taken,
- Searching of personal and occupational histories of workers,
- Realizing inhalable dust concentration measurements in the workplaces according to standard which will be defined,
- In the scope of project, formation of regional working groups who will be responsible for examination of lung radiography and assessment of workplaces,
- Assessment of lung radiography according to the Regulation for Dust Control,
- Displaying the relation between dust level and personal health status statistically,
- Determination of the frequency of prevalence of pneumoconiosis,
- Monitoring of hospitalization chain for suspicious pneumoconiosis facts,
- Evaluation of confirmed pneumoconiosis cases from the insurance aspect,

- Presentation of reports of the pilot working to related parts,
- Preparation of diagnosis guides for pneumoconiosis,
- Training of employees, employers, occupational physicians and safety experts,
- Performing technical activities in order to assess and activate the methods for dust control.

8. In the guidance of the international standards reassessment of the national standards

It will be arise as an expected result of the action plan

9. Associate with the saving of the environment

- ~ Informing the related parts about the regulation in this field,
- ~ Ensuring scientific and technological information support for the waste management of the each enterprise and making the necessary arrangements

10. Monitoring the implementation

- ~ Enabling annual controls of the working environment according to standards in the pilot work,
- ~ Monitoring health records and radiological assessments of workers in the context of periodical examination according to the Regulation for Dust Control,
- ~ Monitoring the performance of the readers for evaluation of chest radiography, organizing and maintaining of certificate and re-certificate training programs.

11. Expected results

11.1. Short term (until year 2008)

- ~ Identification of the pneumoconiosis frequency and the factors affecting this in the sectors of pilot working,
- ~ Initiating foundation of pneumoconiosis monitoring unit under Directorate General of Occupational Health and Safety (DGOHS),
- ~ Preparation of pneumoconiosis diagnosis guide,
- ~ Increasing the awareness of pneumoconiosis among physicians,

- ~ Performing the legal arrangements for authorization of health service suppliers for setting occupational diseases-pneumoconiosis diagnosis.

11. 2 Intermediate-term (until year 2010)

- ~ Completion of establishment of the pneumoconiosis monitoring unit under DGOHS,
- ~ Determination of the workplace environment assessment standard,
- ~ Review of present acceptable dust concentration level via presenting the pneumoconiosis development trend,
- ~ Realization of the occupational physician training on pneumoconiosis diagnosis guide,
- ~ Increasing the social awareness on the subject,
- ~ Monitoring the implementation and review of the legal arrangements for authorization of health service suppliers for setting occupational diseases-pneumoconiosis diagnosis.
- ~ Presenting necessity of pneumoconiosis diagnosis and of update of insurance assessment processes and realization of necessary arrangements according to evidence,
- ~ Review of disability criteria of the pneumoconiosis detected cases according to modern norms and presentation of prepared proposal to MoLSS,
- ~ Spreading of the readers' training according to ILO standards,
- ~ Monitoring detected pneumoconiosis cases and searching for rehabilitation possibilities.

11.3 Long Term (until year 2015)

- ~ Identification of the workplaces that have risk of pneumoconiosis in the country and assessment of the working environment in these workplaces and development of a structure for monitoring worker health surveillance,
- ~ Foundation of the real pneumoconiosis database in Turkey,
- ~ Increasing the number of the readers and upgrading of the reader standards to international level,
- ~ Minimization of pneumoconiosis cases.