OCCUPATIONAL HEALTH AND SAFETY: THE ILO PERSPECTIVE

LABOUR INSPECTION SYSTEM

TURKISH HISTORY OF OCCUPATIONAL HEALTH AND SAFETY

ÇASGEM IN BUILDING OCCUPATIONAL HEALTH AND SAFETY CULTURE

EVALUATION OF OCCUPATIONAL DISEASES AND ACCIDENTS AT WORK FROM THE RESPECT OF SOCIAL SECURITY
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The aim of Journal of Occupational Health and Safety in the field of occupational health and safety review articles written by experts, articles, translations by offering the exchange of information provision, discussion of different views and contribute to the emergence of new views bulunmasına, announcing the news of the industry in the world and in Turkey.

4 issues are published every three months a year.

Writings published by the editors carefully reviewing the content and form opinions with those of the author mentioned writings.

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Working in a safe and healthy environment is among the fundamental human rights of all working people in the world. In this regard, occupational safety and health (OSH) issues, protection and prevention strategies as well as national and international events are of vital importance for employees, enterprises, societies and economies.

To ensure safe and healthy workplaces, the Turkish Ministry of Labour and Social Security is working diligently and putting efforts for the establishment of a common national safety culture among the society especially by prioritizing the awareness of children.

Parallel to this, necessary legislative arrangements have been made in order to meet the needs of the labour market. Among these legal steps, the latest and the most important one is the draft text of the “Law on Occupational Health and Safety” that will meet the requirements of the EU Framework Directive 89/391/EEC. Following the negotiations and receiving the opinions of related institutions, the draft Law will be adopted by the Parliament and will be put into force.

In order to maintain the balance in working life and for the well being of workers at work, the emphasis should be put on supporting decent work and increasing registered employment. Broad social protection for all working people and safeguarding their health after their retirement will decrease the expenses of the social security system, which will eventually lead to a powerful economy.

In addition to this, comprehensive protective and preventive strategies at workplaces will decrease the number of work-related accidents and occupational diseases. The Turkish Ministry of Labour and Social Security puts great efforts to decrease the unemployment rate and unregistered employment in Turkey. To this end, a “National Employment Strategy” has been developed very recently. Also, some studies have been undertaken for the development of a “National Occupational Safety and Health Strategy” that is line with the EU strategies on this issue.

For a long time, ensuring widespread awareness on OSH and its acceptance among the society has been the main objective for us. Further to this, during the following period, we are quite decisive for the widespread implementation of OSH issues by all employees, employers and workplaces, not only because of legal obligations but also for moral obligations and social responsibility.

Consequently; even if all legal measures on OSH have been made and are put into force, occupational health and safety culture must be developed and expanded into the society in order to ensure healthy and safe workplaces and to protect workers against work-related accidents and occupational diseases. This process would be accelerated by way of supporting efforts on these issues at national and international platforms and by sharing best practices via international events.

My wish is to build up all conditions together that will positively affect the working life.
Occupational health and safety has been gaining great importance day by day with the development of technology and increasing population especially young workers in working life. OSH not only interests workers in construction, mining or any other workplaces but also everyone as the same case in all countries. Also the safety precautions have a special importance for the productivity of workplaces which lead to a healthy society and improved economy as well.

With this regards the Directorate General of OSH which was established in 1948 as a Head of Unit and recruited as Directorate in 2000 under the organization of Ministry of Labour and Social Security puts great efforts on OSH issues, legislative studies, national and international cooperations with governmental bodies and NGOs, awareness raising activities, market surveillance for PPEs, creating safety culture among employers, workers and professionals in this field. The other important issue that the Directorate has still been working on is authorization of professionals namely as safety experts, occupational physicians and training institutions that serves for workplace OSH services which serves the conditions of three legal legislation. These legislation lately studied and enforced by the Ministry covers two different models for workplace OSH services which are called as “Workplace Health and Safety Units” organized inside the workplace and “Joint Health and Safety Units” serving outside the workplace.

With the EU negotiations period, many international projects have also been implementing. Three of the most important are; “Technical Assistance for Establishment of a Market Surveillance Support Laboratory for Personal Protective Equipment (PPE) in Turkey” and “Technical Assistance for Occupational Health and Safety Laboratories” and “Improvement of Occupational Health and Safety Conditions at Workplaces in Turkey (ISGIP)”.

ISGUM as a subdivision of the Directorate serves as a laboratory countrywide and performs workplace measurements as well as biological analysis and assessing the results in respect of OSH and was established in 1969. Since 1987 ISGUM has been the National Center in Turkey for Occupational Health and Safety Information Center of International Labour Organisation (ILO). ISGUMs’ studies and premises are being strengthened with different test laboratories for personnel protective equipments (PPE) these days. In this context ISGUM carrying into effect the tower for falling from high for PPEs as a best practise.

The Directorate General of OSH and ISGUM are getting stronger day by day both in its studies, facilities and staff since its inception. As a result of this, the worldwide OSH event “XIX. World Congress” ensuring the sharing of knowledge and good practices among all countries, will be held in Istanbul on September 11-15, 2011. The Directorate General of OSH would like to meet you all in this event and would be delighted with your participation.

Wish you all a safe and healthy work.

Kasım ÖZER
Director General
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According to the latest ILO data, every year 337 million people fall victim to work accidents. Two million and 300 thousand persons lose their lives as a result of accidents or diseases related to their occupation. These figures suggest that every day 6,300 persons die because of insufficient measures in ensuring occupational health and safety (OHS).

Since its establishment in 1919, the International Labour Organization has attached specific importance to the issue of OHS and regarded it as one of the building stones in achieving social justice. The ILO Constitution specifically refers to this issue and deems “the protection of the worker against sickness, disease and injury arising out of his employment” essential in improving working conditions and ensuring social peace. After all, the “Decent Work for All” perspective and target of the ILO builds on decent working standards and employment.

The ILO has so far adopted a series of conventions and recommendations in order to eliminate risks and hazards in working life and, in this context, to protect both workers and enterprises. There are 20 conventions that ILO has so far adopted in the field of OHS. Turkey is a party to 6 of these conventions.

The most recent one among these are the ILO Convention no. 155 (1981) on Occupational Health and Safety (Turkey ratified in 2005) and Convention no. 161 (1985) on Occupational Health Services (Turkey ratified in 2005).

The most recently adopted ILO Convention is Convention no. 187 (2006) on the Promotional Framework for Occupational Health and Safety, which is not yet ratified by Turkey. As the outcome of the resolution “Global Strategy in Occupational Health and Safety” adopted at the 91st ILO Conference held in 2003, this convention envisages the promotion of occupational health and safety culture in member states, formulation of national policies in this regard and review of the OHS system in its tripartite structure. In this context, it is appreciated that the Ministry of Labour and Social Security (MoLSS) is carrying out its work on the “Legislation for Occupational Health and Safety” expected to cover all working people in cooperation with social partners. As ILO our wish is that Turkey ratifies the ILO Convention no. 187 before the 19th Occupational Health and Safety Congress that Turkey will host this September as recommended to all member states by the Seoul Declaration issued following the 18th Occupational Health and Safety Congress gathered in South Korea in 2008. This Convention will contribute to ongoing work for “Legislation for Occupational Health and Safety.”
be much clearer if we take a look at statistics pertaining to Turkey. According to the latest figures presented by MoLSS, every day 176 occupational accidents occur with 3 deaths and 5 incapacitated workers on average. Metal, mining and construction sectors are the leading sectors of occupational accidents in Turkey. As mining is one of the most adversely affected sectors, ILO promotes the ratification of Convention no. 176 on Safety and Health in Mines (1995). Of special importance in the context of the prevalence of occupational accidents and deaths is the small and medium size enterprises (SMEs) in Turkey; 82% of all occupational accidents and work-related diseases take place in SMEs employing less than 250 workers and 6% in enterprises employing less than 50. Considering that 99.7% of enterprises in Turkey employ less than 250 workers and 99% less than 50, the importance of the solution of occupational health and safety problems in SMEs and particularly of a preventive legislation becomes clear. This is a situation not specific to Turkey. In the EU countries too, 82% of occupational accidents occur in SMEs. While addressing this problem relatively more advanced EU countries expand the scope of preventive legislation so as to cover SMEs while at the same time they have developed different methods in supporting occupational health and safety in SMEs.

In this context, the book entitled "Occupational Health and Safety Management System: A tool..."
for continual improvement” (OHSMS) is a significant guide. An OHSMS is a preventive method to implement safety and health measures which consists of four steps and incorporates the principle of continual improvement. Its principles are based on the PDCA Cycle: PLAN, DO, CHECK, ACT. Its purpose is to establish a comprehensive and structured mechanism for joint action of management and workers in the implementation of safety and health measures. The management systems approach envisaged by the guide is firstly based on an effective assessment of risks and hazards related to health and safety, development of a mechanism to have preventive measures adopted by both employers and workers and finally monitoring the effectiveness of this mechanism and introducing improvements according to the outcomes of monitoring and evaluation. This is a constructive approach that can be successfully applied to small enterprises as well. OHSMS can be an effective tool for the management of hazards specific to a given industry, process or organization. Its application can be adapted to a range of situations, from the simple needs of a small scale enterprise to the multiple needs of hazardous and complex industries such as mining, chemical manufacturing or construction. The issue of occupational health and safety management will be one of the priority discussion topics at the 19th World Congress on Occupational Health and Safety to be held in Istanbul on 11-15 September 2011.

References:

1. The Conventions ratified by Turkey are the following: Underground Work (Women) Convention, No.45 (1935); Radiation Protection Convention, No. 115 (1960); Guarding of Machinery Convention, No. 119 (1963); Maximum Weight Convention, No. 127 (1967); Occupational Safety and Health Convention, No. 155 (1981) and Occupational Health Services, No. 161 (1985).

TURKISH EMPLOYERS’ APPROACH TO OCCUPATIONAL HEALTH AND SAFETY

Tuğrul KUDATGOBİLİK
President
Turkish Confederation of Employers’ Association (TİSK)
Accidents at work and occupational diseases are widely seen in all countries to varying degrees. These incidents cause injuries, fatalities and property damage. Accidents and diseases related to working environment have two common characteristics as being primarily man-made and can be prevented to a large extent. Unfortunately, Turkey like most of the developing countries has negative occupational health and safety figures for years due to several complexities.

Occupational health and safety constitutes all efforts based on prevention of these accidents and diseases. As a consequence of the dynamic nature of production and work environment, occupational health and safety requires up-to-date and inclusive information. Also the multi-disciplinary structure of occupational health and safety necessitates a wide range of scientific and technical expertise.

As indicated by international organizations like ILO and WHO, the traditional approach in occupational health and safety based on regulation, control and sanctions has been transformed to a systemic approach constructed on proactive and anticipatory models. These new models give priority to the prevention of accidents and dissemination of best practices.

As the sole representative of Turkish employers in industrial relations TISK has been one of the pioneers in the field of occupational health and safety since its establishment. TISK and its affiliated employer associations have participated heavily in both policymaking and implementation aspects of occupational health and safety.

For decades TISK has accumulated a large experience in order to cope with the major challenges faced in this area such as compliance deficits, low awareness, and financial limitations. In order to overcome these difficulties, a special committee within TISK has been established for the coordination of policies and activities of affiliated employer associations.

TISK also remained as one of the most active members of the National Occupational Health and Safety Council and contributed positively on its negotiations. Since its establishment in 1995, the Council played a crucial role in the development of nationwide strategies and broad policies based on universal principles of social dialogue and tripartism.

TISK is fully aware of the recent developments which necessitate the new forms of prevention models mentioned above. In order to improve the overall occupational health and safety level of Turkey, TISK has signed Kayseri Statement concluded in support of the Seoul Declaration which draws a major new blueprint for constructing a global culture of safety and health at work. With its signature TISK has shown its commitment to mainstream occupational health and safety in its policies and activities. As indicated in the Seoul Declaration, TISK reaffirms that "improving safety and health at work has a positive impact on working conditions, productivity and economic and social development."

TISK, as a member of several international business organizations such as International Organization of Employers (IOE) and BUSINESSEUROPE, has also participated in broader occupational health and safety debates which will address global issues such as management systems, risk management and certifications.

TISK Community as a whole has made a substantial change in terms of safety culture since 1980’s. Several large projects and programs were implemented in order to reduce and prevent work related injuries. Here we can mention several examples for TISK’s and its employer associations’ projects implemented specifically on occupational health and safety over recent years.

First of all BOSMIP2 project, which was implemented jointly by TISK, European level social partner organization BUSINESSEUROPE and Turkish Industry and Business Association (TUSIAD), provided an opportunity for taking in-depth information about EU rules for Turkish business community. In the framework of the project two symposia were held in Ankara and Bursa particularly on occupational health and safety hosted by our organization.
Most recent example of TISK Community’s contribution to the occupational health and safety is the European Cooperation Bridges for Occupational Health and Safety Project (ECBOHS). ECBOHS Project has been awarded by European Commission to social partners from Turkey and Western Balkan Countries. The main objective of the Project is to improve institutional structure and capacity of each social partner based on occupational health and services. The leading partners of the project are Turkish Employers’ Association of Metal Industries (MESS) and its counterpart Turk Metal Trade Union.

Another example related to the occupational health and safety is provided by the Turkish cement industry. The Turkish Cement Industry Employers’ Association (CEIS) has made considerable efforts to promote a ‘health and safety culture’ in its member companies through its OHSAS 18001 Project. The project for the promotion of OHSAS 18001 standard in cement industry is one of the largest projects implemented in Turkey on occupational health and safety. Launched in 2003, the project has supported CEIS members to take a more formal and proactive approach to occupational health and safety (OHS). The project also provided strong support for overall competitiveness of the industry.

The Turkish Employers Association of Construction Industries (INTES) has also carried out various awareness-raising activities in order to develop safety culture in construction industry. Since 2004, INTES has been involved seven EU projects and two of them have vital importance with regard to occupational health and safety. These are “Training and Zero Accident Policy in Construction Industry Project” and “Safe Construction Project” which were implemented between 2005 and 2007.

Similarly, the Chemicals, Petroleum, Rubber and Plastics Industry Employers’ Association of Turkey (KIPLAS) has given a significant contribution to the Turkish chemicals industry in occupational health and safety. In order to address the industry’s needs, KIPLAS provides high quality consultancy in occupational health and safety to enterprises with its Technical Affairs, Training and Environment Department.

TISK member associations such as Turkish Textile Employers’ Association, the Leather Industry Employers’ Association of Turkey (TUDIS), Pharmaceutical Manufacturers’ Association (IEIS), and the Clay, Ceramic, Cement and Glass Products Industry Employers’ Association of Turkey have also developed sectoral policies and built institutional capacities in order to prevent occupational injuries and diseases.

As a leading organization in occupational health and safety TISK also gave a strong support for fellow employer organizations in both enforcement and policymaking levels. In this perspective, the central role played by TISK in ensuring dialogue between enterprises and public authorities has provided inspiration to Georgian and Azerbaijani employer organizations for the development of their respective occupational health and safety systems. TISK provided technical assistance and training for these organizations to improve their occupational health and safety departments.

The World Congress on Safety and Health at Work traditionally provides an international forum for the exchange of best practices, new technologies and policy options among occupational health and safety experts and practitioners from public or private international institutions.

We believe that as the host of this significant event Turkey will have the opportunity for improving the safety culture with the support of participating researchers and practitioners. When it comes to the occupational health and safety, it is generally accepted that awareness raising is the key to the solution. In accordance with this fact, the motto of World Congress which is determined as “Building a Global Culture of Prevention for Healthy and Safe Future” presents our common vision for the occupational health and safety.

Today we are particularly proud of being one of the collaborators of the 19th World Congress on Health and Safety at Work and giving support to the exhibition which will be held at the same time.
THE QUESTIONS of SAFETY and HEALTH at WORK in TURKEY and SOLUTIONS

Mustafa KUMLU
President
TÜRK-İŞ

“National Safety and Health at Work System” report prepared by The Ministry of Labor and Social Security in 2003 covers the strong and vulnerable points of safety and health at work in Turkey. Accordingly, 17 vulnerable points and 10 strong points are determined. One of the vulnerable points is the dispersity of the legislation and its scope. The second vulnerable point is inefficient implementation of the legislation.

The Department of Safety and Health at Work transformed to General Directorate, more than 30 regulations entitled to our legislation in the process of Turkey’s accession to EU, Board of National Safety and Health has been established, there were attempts to enact The Law of Safety and Health at Work, weeks and regional conferences have been organized since the preparation of the report. However, the dispersity of the legislation continues despite the intensive activities of The Ministry. Unfortunately, a healthy implementation and an efficient inspection couldn’t be carried out with this structure based on a problematic legislation.

Tens of workers lost their lives or became disabled because of the occupational accidents and blow ups occurred in recent years in Davutpaşa, Tuzla docks, mines, OSTİM, İvedik and finally in Karabağlar.

The statistics of SGK are the concrete indicators of the negative situation. In accordance with SGK statistics of 2009, 64,316 occupational accidents and 429 occupational diseases were observed and 1,171 of them were resulted in fatality. The real figures of the occupational accidents and diseases and respective fatalities are much more than the above mentioned figures.

Occupational accidents are observed intensively in all sectors, but the number of cases in some sectors such as construction, metal and mining are higher than the others in Turkey. While 156 workers in construction, 19 workers in mining and 32 workers in metal sectors lost their lives in 2009, the highest number of cases resulted in fatality is recorded as 781 in the category of “unknown” which indicates the deficiency of SGK data.
If the occupational accidents are analyzed in regard to the scale of enterprises, 63% of the 64,316 accidents occurred in 2009 are recorded at enterprises employing less than 50 workers. The most important deficiency of our legislation concerning safety and health at work is leaving workers employed at SMEs which constitutes 60% of the total employment in Turkey out of its scope.

On the other hand, number of occupational disease cases is recorded as 429 which is a very low figure for our country. The data regarding subjects such as the existence and prevalence of occupational diseases is inadequate in Turkey. If we consider that 4 of 12 new occupational disease cases are expected in each 1000 workers and make our calculation only taking in account the 9 million workers registered to SGK in 2009, 36,000 to 108,000 new occupational disease cases should exist in Turkey.

According to the report prepared by ILO on Safety Culture, all occupational diseases and 98% of the occupational accidents are avoidable. As a matter of fact, by taking safety measures at workplaces, occupational accidents are lowered drastically in Japan, Sweden and Finland.
Turkey ranks 3rd country in the world in regard to occupational accidents and 1st country among EU countries in regard to occupational accidents resulting in fatality.

Unregistered employment, low unionization rate and out sourcing increases occupational accidents to a desperate level. Another reason of occupational accidents is the inefficient implementation of safety and health at work policies and strategies excluding the participation of social partners. Decreasing costs in all fields became the main objective in globalizing world and the field where costs decreased in the first instance is the field of safety and health at work.

This negative picture in the field of safety and health at work affects particularly workers, but also employers and the government in a negative way through fatalities, injuries, occupational diseases, fines, productivity and social security expenditures.

We prepared reports and raised this issue at all platforms. We submitted our last report to the Tripartite Consultation Board during which the safety and health at work was negotiated. We stand for the enactment of a private Safety and Health at Work Act. We demand the ratification and effective implementation of ILO Conventions. The safety and health services can not be left to the initiative of free market and we demand safety and health services for all private and public sector workers employed in all enterprises regardless of their scale and number of workers they employ.

"Safety and health at work" issue is one of the major subjects of our seminars and we organize joint training activities with the respective departments of The Ministry. We carried out the Project of “Increasing Awareness on Safety and Health at Work” in cooperation with CASGEM last year in 10 provinces. This year, we organized general safety and health at work seminars in 8 provinces, safety and health at work seminars for women in 4 provinces and training seminars for the workplace representatives serving for the first time at the boards of safety and health at work in 7 provinces. In addition, we held joint training seminars with CASGEM on safety and health at work and stress at work for women workers in 10 provinces. However, I should imply that these activities are not adequate. We are aware of the fact that occupational accidents can not be avoided solely by regulations. We have to collaborate as the government, social partners and related professional organizations and chambers.

We consider the Board of National Safety and Health at Work as an instrument of social dialogue which the conciliation culture should be achieved. We have to endeavour so as to achieve the objectives of 2009-2013 Action Plan adopted by the Board. The crises of financial matters should not impede us to achieve these objectives because the safety and health at work is a human right as mentioned in the international documents.

We definitely should feature the health of workers, make protective health services prevalent, feature training activities, renew the regulations and ensure technological adaptation. In addition to the regulations, setting up a safety culture and conscious at all segments of the society is vitally important.

The last document prepared to counter the current negative situation concerning safety and health at work is “Seoul Declaration” adopted at the 18th World Safety and Health Congress held in South Korea in 2008. We appreciate that Turkey is one of the contracting states to this Declaration. TÜRK-İŞ appreciates to sign “Kayseri Declaration” as a part of the “25th Safety and Health at Work Week” activities which reflects the spirit of Seoul Declaration. We congratulate the Ministry of Labor and Social Security hosting the 19th World Safety and Health at Work Congress in Istanbul this year.

As a conclusion, I would like to underline that solving safety and health at work problems is possible with a perspective based on the priority of human, justice, equality, workers participation to the decision making mechanisms and achieving the culture of organizing. I wish success to the 19th World Safety and Health at Work Congress.
LABOUR INSPECTION SYSTEM

Figen ADAY, Labour Inspector, MoLSS, Labour Inspection Board
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C. Can AYANOĞLU, Deputy Labour Inspector, MoLSS, Labour Inspection Board
Labour Inspection is a general name given for the state supervision, inspection, and monitoring of the implementation of legislation related with the professional/working life. The main mission of the labour inspection is to protect employees, monitor and supervise the application of the legislation implemented in the working life. In accordance with ILO Convention No. 81, Article 3, basic and primary task area of the labour inspection is working environment and working conditions. Secondary areas can be defined as working relations, employment and occupational education.

The concept of working environment comprises wide area which affects health, safety, and well-being of the employees. Physical, psychosocial, chemical, biological, and ergonomic factors emerging in the workplaces affect the well-being of the employees unless necessary precautions are taken. The concept of working conditions expresses four main areas which are directly related with the protection of employees: child and young employment, women employment, working hours and annual leave, salary payment system.

Despite to the differences in the area and scope of the implementation, inspection and supervision of the working life in most of the countries in the world is being exercised by means of labour inspectors. Labour inspectors are therefore authorized to use the state authority and they are independent of any political and other pressure.

Labor inspection takes its international level support from the ILO Convention No. 81. Labor inspection is the one of the most important element of the working life together with the policies developed. Therefore, labor inspection takes an important position within institutions such as International Labor Organization (ILO) and European Commission. Senior Labour Inspectors’ Committee (SLIC) which was established in line with the ILO’s recommendations and conventions related with labour inspection can be given as an important example in this content. ILO Convention draws the main frame of the labour inspection. Convention articles present a framework over the institutional structure, necessary resources to be assigned, and inspection topics of labour inspection. The SLIC has an objective to achieve common principles of labour inspection in the field of occupational health and safety, for example, in the areas of inspection services and prevention services.

The content of the labour inspection differs according to the countries’ administrative, social, cultural, and economical structures.

**Mission of the Labour Inspection**

In many countries, labour inspections’ contribution to the social and economic life cannot be fully understood. Labour inspection units contribute to the labour peace by establishing a communication bridge between social stakeholders in the area of occupational
health and safety, and improvement of the working conditions for employees.

Labour inspection plays a trigger role for improving awareness and fulfillment of mutual obligations between the employers, employees and other stakeholders in the working/professional life.

In many countries, public conscience shows a maximum sensitivity over the social issues, organizations such as labour inspection in the field of social policy is of special importance. Since business owners in market economies are well aware of this fact, they are easily motivated to apply the legislation related to the working life properly. Business entities giving importance to the occupational health and safety, public health, environmental safety, child labour, and other social issues acquire competitive advantages in front of the consumers.

It should be emphasized that labour inspection alone is not sufficient for the establishment of labour peace. The main actors of the working life are employers and employees. Mission of the state is to make legislation and to inspect the implementation of the legislation. In modern practice, labour legislation is often constituted by the contribution of the employers and employees. Additionally, labour inspections are being executed in coordination with these stakeholders.

**Labour Inspection System Strategy**

In order to implement the labour inspection system effectively, activities should be planned and applied in a systematic way. Some minor differences can be observed between the labour inspection systems of EU member countries and other developed countries. However, basically they all have the same policies and approaches in the implementation.

There are two essential approaches for labour inspection. The first one is “reactive approach”, the other one is “proactive approach”. The reactive approach includes the inspection activities performed following the employees’ complaints, individual labour disputes, occupational accidents and occupational diseases. Proactive approaches include preventive inspections which are subject to eliminate the potential problems in the workplaces. Proactive inspections are generally carried out in line with the programs of the labour inspection units. The essential point of the proactive inspections is to make employers and employees take necessary precautions before the occurrence of occupational diseases or accidents, and work relation problems.

While forming the labour inspection policy, all labour experts share a common opinion about giving more importance to the proactive inspections in order to establish labour peace. However at this point, the emerging problem is according to which criteria the proactive inspection program should be conducted. Therefore, while planning inspection priorities should be taken into account because of the limited resources and impossibility to inspect every workplace. Criteria for the priorities is also another subject of discussion. Proactive inspection plans can only be performed considering criteria such as rates of occupational accidents, low-wage sectors, levels of businesses.

In recent years, labour inspection policies have changed considerably due to the changing working conditions and technological improvements. Changing working conditions and improving technology has also affected the changes in the labour inspection strategy mandatory. While in the traditional approach descriptive, non-flexible, reactive strategies were applied, as a requirement of the modern approach flexible, freedom of decision-making, and proactive strategies are being accepted.

Today, basic principles of the labour inspection in EU member countries and other developed countries can be listed as:

- Labour inspection is a public service conducted by inspectors who are provided authority to work independently and free from external influences (objectivity, equality).
- Labour inspection units should work in close cooperation between employers and employees (tripartism).
- When needed, labour inspection units should cooperate with other units and...
institutions. Access to information should be provided when technical expertise is needed.

- Culture of prevention should stand in the foreground.
- Labour inspection should include every dependent worker.
- From these principles, the following elements for implementation are aimed:
  - Inspection planning, programming and implementation,
  - Definition of the priorities,
  - Organizing awareness-raising activities,
  - Sharing resources among the reactive inspection, proactive inspection, and consultation/information activities.

Since rapid changes and improvements in the labour life bring important problems, labour inspection approach in world directs its aim to the prevention policies. In all industrialized countries, labour inspection systems are faced with a set of similar challenges which have different effects on labour protection in their countries. These challenges can be listed as follows:

- Rapid change and improvement of the technology,
- New emerging scientific fields. New substances, materials, and processes,
- Increasing and diversifying labour law and standards,
- The continued fragmentation of the labour market, the increasing precariousness of work, the increasing illegal employment relationships (child labour, immigrant workers), subcontracting,
- Changing management structures (including the flexibility of working time), the mobility of enterprises, the diversification of workplaces; the development of virtual enterprises (with emerging e-commerce),
- Changing service area perceptions and expectations.
- Changing roles of the employees’ and employers’ associations.
- Economic and social changes.

With changing time, these challenges have established the basic elements for the new strategies. Thus, new initiatives in the labour inspection come up which aim to improve the contribution of the prevention on all fields.

Last but not least, the effectiveness of labour inspection services may be improved if the support of employers and workers, their associations or representatives are received. In countries where tripartism functions well, the protection culture is established effectively by labour inspection services.

**Labour Inspection System in Turkey**

The Turkish Labour Inspection Board, that operates under the responsibility of the Ministry of Labour and Social Security, is inspecting whether the health and safety and labour relations provisions at work are implemented or not during their on-site inspections. Formally, the inspection of work-life is the responsibility of the State. This responsibility in practice is delegated to the Labour Inspection Board, taking into consideration the provisions of the ILO Convention No: 81 about Inspection in Industry and Trade, which was ratified by Turkey with the Law No: 5690. Also according to Article 91 of the Labour Code, “The state monitors, controls and inspects the implementation of legislation on work life. This task is carried out by labour inspectors in adequate number and having necessary qualifications who are authorized to inspect and control.”

Labour Inspection Board carries out the following duties on behalf of Minister of Labour and Social Security:

- Carrying out inspections according to the legal provisions;
- Monitoring and investigating practices in workplaces according to international conventions;
• Monitoring the compliance of the legal provisions related to conditions of work;
• Conducting works related to the preparation and improvement of national labour inspection legislation, also according to the inspection results preparing a “General Evaluation Report” which states problems, applicability of the legislation and precautions to be taken by relevant institutions;
• Collecting, evaluating and assessing statistics;
• Fulfilling other duties required according to the specific Laws;
• Carrying out administrative activities and functions of labour inspectors;
• Fulfilling other duties given by the Minister.

In Turkish labour inspection system, there are currently three types of inspections:

• General Inspection: the General Inspection is performed to assess compliance with the legal provisions related to Occupational Health and Safety. The main aim is to ensure the compliance with the existing laws and regulations.
• Control Inspection: Control Inspection is performed to control whether previously determined non-compliances have been eliminated by the employer, and to determine whether new defects and inappropriate aspects appeared after the last general inspection in the workplace.
• Investigation: The purpose of this type of inspection is to investigate cases which do
not fall within the scope of the above mentioned inspections, such as workers’ complaints, grievances, industrial accidents, occupational diseases, establishment permits, operation licenses, revisions of workshifts, employment of women in night shifts in industrial workplaces, and other events related to Occupational Health and Safety.

In order to improve the effectiveness of the inspection system and to ensure the prevention policy, risk based inspection approach has been adopted by the Turkish Labour Inspection Board. In such an approach, risk factors within the inspection area are determined. Then, severities of these risks are determined. In accordance with the severities, priorities of the labour inspection areas are determined. Thus, labour inspectors tend their inspections to high-risk occupations and workplaces.

Together with the changing working conditions and improving technology, Turkish Labour Inspection Board currently turns inspection approach from reactive inspection to proactive inspection. The applications of the proactive inspections have been initiated. In order to fulfill the requirements of this approach, projected inspections have been carried out. In projected inspections it is aimed to prevent occupational accidents and diseases and to take necessary measures for ensuring a safe and healthy working environment, to ensure improvements in the enterprises in the area of occupational health and safety, and most importantly, to maintain these improvements permanently.

References:
2. Labour Inspection Regulation
TURKISH HISTORY OF OCCUPATIONAL HEALTH AND SAFETY

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When the occupational health and safety is considered in Turkish history; there seen a long and strong pathway from Ottoman Empire to first Grand Assembly and to Republic of Turkey. In the middle of the 19th century in the period of Ottoman Empire Sovereignty, “Dilaver Paşa Nizamnamesi” which was published in 1965 appeared as the first written regulation of Turkish occupational health and safety history. Although this Bylaw was not approved by the Emperor and could not entered in to force, with provisions such as physicians assignment obligation in the coal mines and improvements on working conditions this document which consists 100 articles shows us the importance given to health and safety by Turkish States. The second important document after the administrative reforms was “Maadin Nizamnamesi” which was published in 1869. It was mostly based on provisions about occupational safety and had a advanced and comprehensive approach than “Dilaver Paşa Nizamnamesi”.
But also in the execution of this Bylaw there had been some difficulties for the employers in owning and obeying the regulation. Some of the major articles can be given as follows:

- The employer should ensure occupational health and safety by taking necessary measures in order to prevent occupational accidents.
- The compensation decided by the court would be paid by the employer to the victim of the occupational accident or his family.
- The employer should employ a physician and should have a pharmacy in the workplace.

In the Ottoman Empire after the 20th century, in spite of the records has showed an increase in the number of industrial establishments and workers, due to the continuous wars this increase was stopped and the development of the occupational health and safety was interrupted. According to the 1913 and 1915 statistics, the enterprises were mainly gathered in food, soil, leather, wood, textile, stationery, chemistry and metal manufacturing, there were approximately 15,000 workers in industrial workplaces, nearly 94% of the enterprises used engine power and total power consumption was about 20,977 hp.

Following the establishment of the Grand National Assembly of Turkey in 1920, there had also been progress in the field of occupational health and safety. The following two laws, which were published before the proclamation of the republic by the Assembly, shows the given importance to occupational health and safety even in that time and also proves the national studies are based on long history about occupational health and safety.

The 28 April 1921 dated and 114 numbered “The Law for Selling of the Coal Dusts in Zonguldak and Ereğli Region in order to Use the Revenue for the Workers’ benefit”; ensures the allocation of the revenue gained by selling the coal dusts after processing of the coal allocated, for the needs of workers.

And the 10 September 1921 dated and 151 numbered “The Law for Rights of Mining Workers in the Ereğli Region” ensures the following articles:

- The working duration is eight hours daily. Additional work is based on consent of both parties and will be charged twice.
- The employer shall ensure the training of new workers.
- Establishment of Workers’ Union, Provident Funds and Help Committees.

With these Laws; relief funds were established, compensation about occupational accidents and diseases was provided, working periods and vo-
cational training issues were organized and provisions about insurance and premium system were introduced.

In the following years of the Turkish Republic, the Laws which contains several provisions on occupational health and safety and forms the basis of today’s regulations were published. Some of these Laws can be counted as “Weekly Rest Days Law” (1924), “Code of Obligations” (1926), “Public Hygiene Law” (1930) and “Municipalities Law” (1930). Although the working life was tried to be organized with these regulations, by means of industrialization in the working life the need for a labor law had been started to be felt.

The first “Labor Law” numbered 3008 was published in 1936 and had been in force till the year 1967. Although the new approach had been gathered on social security and occupational safety with this Law, owing to Second World War progress about these subjects could not been made until the establishment of the Ministry of Labor in 1946 (with the endorsement of the Law of 3146, enforced on January 1985, the Ministry of Labor was reorganized as “Ministry of Labor and Social Security”). Directorate General of Workers Health and Safety was established in 1945 under the structure of Ministry of Labor (which had carried this duty as Department of Workers Health between 1983 and 2000 and after the year 2003 was restructured as Directorate General of Occupational Health and Safety.) Also, after the adoption of ILO Convention No. 81 in 1950, labor inspectors were nominated for occupational health and safety inspections at workplaces in the 1960s.

There had been parallel progress between occupational health and safety system and industry with implementation of the development plans for every 5 years starting from 1963. Progress in the industry can be seen from the share of the industrial income in the total GNP which was 17,5 % for the first 5 years, 20,5 % for the second and 22,5 for the third, during the development plans period.

The second Labor Law with the number 931 was published in the late 1960s but causing from cancellation by the Constitutional Court, 1475 numbered Labor Law came in to force in 1971 with detailed provisions on occupational health and safety (10 articles of the law were solely for occupational health and safety). In order to make more detailed arrangements, according to article 74th and some others, 11 by-laws had been prepared. But after the latest Labor Law in 2003, those by-laws are not in force except 4 of them. 10 sole articles of the law were mainly on occupational health and safety committees, partly or wholly stoppage of work at workplace, inhibition of alcohol usage at workplaces, heavy and dangerous works and the ones who work within the context of those works and working conditions of workers under age 18.
In addition to those arrangements, 4772 numbered Law on Insurance of Occupational Accidents and Diseases, 4792 numbered Law on Workers Insurance Institution, 5502 numbered Law on Insurance of Illness and Maternity and 4772 numbered Law on Old Age Insurance were published by the Government. In order to simplify and unify the applications of social security, 506 numbered Law on Social Insurance got into force in 1964 including provisions about occupational accidents and diseases. Besides that, there were provisions concerning occupational health and safety in 1952 dated and 5953 numbered Law on Relations between Employees and Employers of Press Business, 1954 dated and 6309 numbered Law on Mines and 1967 dated and 854 numbered Marine Labor Law which were prepared in the same period.

In conjunction with the National Legislation activities, ILO Conventions were followed by Turkey and totally 56 ILO Conventions were accepted, primarily, 152 numbered Occupational Safety and Health (Dock Work) Convention, 134 numbered Prevention of Accidents (Seafarers) Convention, 164 numbered Health Protection and Medical Care (Seafarers) Convention, 155 numbered Occupational Safety and Health Convention and 161 numbered Occupational Health Services Convention. Among these Conventions the 155 and 161 numbered ones can be shown as the most important ones for Turkey. Regarding the implementation of the accepted Conventions, they are not wholly under implementation because of the limitations for number of workers in a workplace and coverage of the occupational health and safety provisions of the National Legislation especially exception for the civil servants.

1971 dated and 1475 numbered Labor Law remained in force till the new one 4857 numbered Labor Law came into force in 2003. As the former one, 4857 numbered Labor Law also has a sole part for occupational health and safety including 13 articles with the headings of obligations of employers and employees, regulations and by-laws for health and safety, partly or wholly stoppage of work at workplace, board of occupational health and safety, occupational health and safety services, rights of employees, prohibition of alcohol and narcotic drugs at workplace, heavy and hazardous works, medical report for workers of heavy and hazardous works, medical report for workers under age 18, by-law for pregnant and nursing women workers and various by-laws. Article 82 was unified with the article 81 and article 82 was cancelled.

In addition to the primary and secondary legislation above, legislation on market surveillance and inspections of personal protective equipments (PPE) were prepared as one of the most important elements of occupational health and safety. According to the related legislation, market surveillance and inspection of PPEs were given to Ministry of Labor and Social Security and the Ministry had prepared the Implementing Regulation for PPE. Authority and responsibilities of the Ministry was determined by another Implementing Regulation with the name of Implementing Regulation on Procedure and Essentials of Market Surveillance and Inspection performed by the Ministry of Labor and Social Security.

As described above, the 81st article of the Labor Law is on Occupational Health and Safety Services. According to this article, an implementing regulation has been prepared concerning workplace health and safety units and collective health and safety units outside of the workplaces, but this implementing regulation has been stay of execution with the decision of Council of State with legal reasons and after this decision other implementing regulations concerning occupational health and safety services has been prepared and published by the Ministry and this regulation is still in force.

The draft “Occupational Health and Safety Law” is prepared by the Ministry of Labor and Social Security according to EU adaptation process, international conventions accepted by our country and the necessities of working life and the draft is submitted to members of the National Occupational Health and Safety Council and sent to related parties in order to get their opinions. It has been planned to eliminate the deficiencies in occupational health and safety by publishing the “Occupational Health and Safety Law” in earliest convenience.
EVALUATION OF OCCUPATIONAL DISEASES AND ACCIDENTS AT WORK FROM THE RESPECT OF SOCIAL SECURITY

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Department of EU and External Affairs,
Social Security Institution
Provisions for social security rights concerned occupational diseases and accident at work is regulated under Social Insurances and Universal Health Insurance Law No: 5510 (Art.13-24).

In the Article 13 of Law No. 5510, accident at work is defined as the accident leaving the insured person disabled which occurs in a work place and/or, at a place where the insured is sent by the employer and/or during breast feeding break and/or at a vehicle provided by the employer for the purpose of work. Notification of a case to the Social Security Institution (SSI) is also regulated under the same article. Accordingly, when the incident occurs it should be notified by the employer to the SSI within 3 days following the day of incident.

The benefits provided in case of occupational disease and/or accident at work is:

- Temporary incapacity payment during absence of the insured from the work place due to the health status,
- Permanent incapacity payment,
- Survivor’s income (different from survivor’s pension),
- Funeral grant to the survivors,

Occupational disease is defined (Article 14) as temporary or permanent disease both mentally and physically which is caused by the type of work as well as a work related disease repeating itself on a regular basis.

Occupational disease is determined by the Healthcare Commission of SSI provided

- Healthcare reports issued by the authorized health service provider,
- In case the SSI requests, reports on the work conditions and inspection reports,

Healthcare services provided in case of accident at work and/or occupational disease are detailed under the Article No: 63 of the Law. According to the article, all the medical services as well as the costs derived from the medical review are provided under the Law.

There are indicators of occupational disease and accident at work. One of the indicators is the number of persons receiving permanent incapacity payment. The graphic below shows the number of persons who receive permanent incapacity payment between the years 2005 and 2010.

On the Table-1 one can see that the number of persons receiving incapacity payment has risen for approximately 27% between 2005 and 2010. On the other hand, the number peaked in 2006. The number of recipients is 2.085 for December 2010. The number represents the employees working under employment contract.

Another indicator is the number files assigned to each insured person those who deceased because of occupational disease and/or accident at work and those who was given permanent/temporary incapacity payment before the death. According to the statistics given by the SSI, the number of these files rose from 1.675 to 3.040 between the years 2005 and 2010. Number of the dependents receiving survivor’s income on the other hand rose from 3.736 to 6.238 between the years 2005 and 2010 which represents a rise of 67% (Annex-1).

According to the data broke down into the classification of types of accident at work and/or occupational disease, collected in scope of a study conducted by the SSI, 539 cases occurred in 2008 of which 354 are diagnosed as silicosis and silicatuberculosis. (Annex -2). In the same study, the reasons for the incidents are also examined. According to the study, most of the incidents occur because of being struck by a falling object and are submitted. Any occupational disease should be notified to the SSI by the employer within 3 days after the day when the disease is diagnosed.

1. Workplace: The place where the insured works including both the material and non-material elements relevant to the nature of the work itself (Article 11)

2. According to the ILO-102 the survivors’ pension is the pension given to the entitled persons when an insured person deceased. Survivors’ income is a pension given in case the insured person deceased because of an occupational disease and/or accident at work.

3. Permanent Incapacity: Payment made for the insured person who is permanently disabled because of a work related reason.
other objects. The study shows that 37,592 persons become disabled as a result of being struck of falling or non-falling objects. One another important reason is accident caused by use of machinery which caused 10,377 cases in 2008.

Another study on the classification of occupational diseases and accidents at work which resulted in death of the insured according to NACE coding system⁴, conducted Social Security Institution is made for the years 2008, 2009 and 2010. Because determination of case may take longer time, data for the year 2010 is not considered reliable for the given year 2011. For that reason, data for the years 2008 and 2009 is examined in this paper. Most of the incidents resulting in death occurred in construction, transportation sectors. 172 out of 802 for the year 2008 and 153 out of 739 for the year 2009.

The number of incidents concerns SSI as each case constitutes a change on revenue-expenditure balance of the Institution. It has double effect from both expenditure side and active-passive ratio. While it increases expenditure on pension side, it also causes a decrease in active-passive ratio which affects actuarial balance for the following years. For example files assigned to the insured deceased as a result of work related reason is 1472 for 2008 and 2638 for the year 2009. These numbers include the persons dying out of work related incidents as well as those who received payment as a result of occupational disease or accident at work. When the dependent of these people are considered, one can say that the number of dependents rose from 3,203 to 5,940 which mean 2737 new dependents in the system. (Annex-1)

In conclusion among the indicators of occupational diseases and accident at work, permanent incapacity payment and persons receiving survivors’ income shows that the number of incidents is increasing in years however the number peaked in some years. Despite it is seen as an employment policy, the reasons for incidents concern social security as it has multidimensional effect on the system.

Table 1. Number of persons receiving incapacity payment between the years 2005 and 2010

Source: Statistical Bulletin of Social Security Institution (April 2011)

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⁴. The Statistical Classification of Economic Activities in the European Community (in French: Nomenclature statistique des activités économiques dans la Communauté européenne), commonly referred to as NACE, is a European industry standard classification system consisting of a 6 digit code.
### Types of pension according to the allocation

**Employees Under An Employment Contract**

<table>
<thead>
<tr>
<th>Type</th>
<th>2005</th>
<th>Change %</th>
<th>2006</th>
<th>Change %</th>
<th>2007</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old-Age Pension</td>
<td>201.696</td>
<td>13,44</td>
<td>213.379</td>
<td>5,79</td>
<td>186.445</td>
<td>-12,62</td>
</tr>
<tr>
<td>Nr of Files for Deceased Insured</td>
<td>64.494</td>
<td>3,36</td>
<td>68.727</td>
<td>6,56</td>
<td>113.035</td>
<td>64,47</td>
</tr>
<tr>
<td>Survivors of the Deceased (Person)</td>
<td>95.622</td>
<td>3,86</td>
<td>99.731</td>
<td>4,30</td>
<td>149.172</td>
<td>49,57</td>
</tr>
<tr>
<td>Insured persons receiving permanent incapacity income</td>
<td>1.639</td>
<td>2,69</td>
<td>2.267</td>
<td>38,32</td>
<td>1.956</td>
<td>-13,72</td>
</tr>
<tr>
<td>Nr of Files for Recipients of Survivors’ Income</td>
<td>1.675</td>
<td>17,05</td>
<td>1.700</td>
<td>1,49</td>
<td>1.737</td>
<td>2,18</td>
</tr>
<tr>
<td>Survivors of the Deceased Employees because Of Work Injury and Occupational Disease</td>
<td>3.736</td>
<td>24,53</td>
<td>3.837</td>
<td>2,70</td>
<td>3.437</td>
<td>-10,42</td>
</tr>
</tbody>
</table>

**Total (person)**

| 306.408 | 9,89 | 323.805 | 5,68 | 345.533 | 6,71 |

### Types of pension according to the allocation (continuation of the previous table)

**Employees Under An Employment Contract**

<table>
<thead>
<tr>
<th>Type</th>
<th>2008</th>
<th>Change %</th>
<th>2009</th>
<th>Change %</th>
<th>2010</th>
<th>Change %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old-Age Pension</td>
<td>219.113</td>
<td>17,52</td>
<td>252.760</td>
<td>15,36</td>
<td>241.973</td>
<td>-4,27</td>
</tr>
<tr>
<td>Disable Pension</td>
<td>4.230</td>
<td>-6,48</td>
<td>4.702</td>
<td>11,16</td>
<td>4.821</td>
<td>2,53</td>
</tr>
<tr>
<td>Nr of Files for Deceased Insured</td>
<td>104.786</td>
<td>-7,30</td>
<td>90.145</td>
<td>-13,97</td>
<td>81.117</td>
<td>-10,01</td>
</tr>
<tr>
<td>Survivors of the Deceased (Person)</td>
<td>146.422</td>
<td>-1,84</td>
<td>134.843</td>
<td>-7,91</td>
<td>122.481</td>
<td>-9,17</td>
</tr>
<tr>
<td>Insured persons receiving permanent incapacity income</td>
<td>1.682</td>
<td>-14,01</td>
<td>1.885</td>
<td>12,07</td>
<td>2.085</td>
<td>10,61</td>
</tr>
<tr>
<td>Nr of Files for Recipients of Survivors’ Income</td>
<td>1.472</td>
<td>-15,26</td>
<td>2.638</td>
<td>79,21</td>
<td>3.040</td>
<td>15,24</td>
</tr>
<tr>
<td>Survivors of the Deceased Employees because Of Work Injury and Occupational Disease</td>
<td>3.203</td>
<td>-6,81</td>
<td>5.940</td>
<td>85,45</td>
<td>6.238</td>
<td>5,02</td>
</tr>
</tbody>
</table>

**Total (person)**

| 374.650 | 8,43 | 400.130 | 6,80 | 377.598 | -5,63 |

### Classification of Occupational Diseases and Accidents at Work

<table>
<thead>
<tr>
<th>Code Number</th>
<th>Occupational Diseases</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-I A</td>
<td>Arsenic and its compounds</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>A-I B</td>
<td>Arsenic with hydrogen or arsine</td>
<td>0</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>A-2</td>
<td>Beryllium (glusinium) and its compounds</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>A-3 A</td>
<td>Carbon monoxide</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-3 B</td>
<td>Phosgene (carbonyl chloride)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-3 C</td>
<td>Hydrocyanic acid, Cyanides and compounds thereof</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-4</td>
<td>Cadmium and its compounds</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-5</td>
<td>Chrome and its compounds</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-6</td>
<td>Mercury and its compounds</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-7</td>
<td>Manganese and its compounds</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-8 A</td>
<td>Nitric acid</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-8 B</td>
<td>Nitrous gases</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-8 C</td>
<td>Ammonia</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Classification of Occupational Diseases and Accidents at Work</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Code Number</strong></td>
<td><strong>Occupational Diseases</strong></td>
<td><strong>Female</strong></td>
<td><strong>Male</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>A-9</td>
<td>Nickel and its compounds</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-10 A</td>
<td>Phosphorus and inorganic phosphorus comp.</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-10 B</td>
<td>Organic phosphorus and its compounds</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-11 A</td>
<td>Lead and lead dust</td>
<td>0</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>A-11 B</td>
<td>Organic lead and its compounds</td>
<td>0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>A-12 A</td>
<td>Carbo sulfide</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>A-12 B</td>
<td>Sulfurous hydrogen</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-12 C</td>
<td>Sulfuric acid</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-12 D</td>
<td>Sulfur dioxide</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-13</td>
<td>Thallium and its compounds</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-14</td>
<td>Vanadium and its compounds</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-15 A</td>
<td>Chlorine</td>
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<td>1</td>
</tr>
<tr>
<td>A-15 B</td>
<td>Bromine</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-15 C</td>
<td>Iodine</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-15 D</td>
<td>Fluorine</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-16</td>
<td>Aliphatic or alicyclic hydrocarbons</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>A-17</td>
<td>Halogenated derivatives of the aliphatic or alicyclic</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>hydrocarbon (trichloroethylene etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-18 A</td>
<td>Alcohols</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-18 B</td>
<td>Glycol</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-18 C</td>
<td>Ether and its derivatives</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-18 D</td>
<td>Ketone</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-18 E</td>
<td>Organic esters</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-19 A</td>
<td>Organic acid</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-19 B</td>
<td>Aldehyde</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-20 A</td>
<td>Aliphatic hydrocarbons nitro derivatives</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-20 B</td>
<td>Nitric acid esters</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-21 A</td>
<td>Benzoil (Benzene) and its homologous</td>
<td>0</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>A-21 B</td>
<td>Naphthaline and its homologues</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-22</td>
<td>Halogenated derivatives of the aromatic hydrocarbons</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A-23 A</td>
<td>Phenols, their homologues or their halogenated derivatives</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>A-23 B</td>
<td>Halogenated derivatives of the alkylaryl oxides,alky,aril</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>and alkylaryl sulfonates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-23 C</td>
<td>Oxidation products of hydroquinene and benzoquinones</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A-24</td>
<td>Aromatic amines or aromatic hydrazines or halogenated,</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>phenolic, nitrified, nitrated or sulfonated derivatives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>thereof</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-25</td>
<td>Nitro and phenol derivations of aromatic hydrocarbons</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Group B**

| B-1 | Skin cancers and precancerous skin diseases | 0 | 0 | 0 |
| B-2 | Non-cancer skin diseases (contact dermatidis, exema) | 0 | 1 | 1 |

**Group C**

| C-1 A | Silicosis and silicotuberculosis | 0 | 354 | 354 |
### Classification of Occupational Diseases and Accidents at Work

<table>
<thead>
<tr>
<th>Code Number</th>
<th>Occupational Diseases</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-1 B</td>
<td>Asbestosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C-1 C</td>
<td>Silicatosis</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>C-1 D</td>
<td>Siderosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C-2</td>
<td>Aluminium and its compounds</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>C-3</td>
<td>Heavy-metal dust</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>C-4</td>
<td>Thomas slug</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>C-5</td>
<td>Occupational bronchial asthma</td>
<td>0</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>C-6</td>
<td>Byssinosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Group D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D-1</td>
<td>Helminthias</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D-2</td>
<td>Tropical diseases</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D-3</td>
<td>Infectious or parasitic diseases transmitted to man by animals or remains of animals</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D-4</td>
<td>Infections contracted in an occupation where there is a particular risk of contamination (pulmonary tuberculosis)</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Group E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1</td>
<td>Diseases caused by ionizing radiations</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E-2</td>
<td>Cataracts caused by heat radiation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E-3</td>
<td>Hearing impairment caused by noise (Acoustic slot)</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>E-4</td>
<td>Diseases caused by atmospheric compression or decompression (polyneuropathy)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E-5</td>
<td>Osteoarticular diseases of the hands and wrists caused by mechanical vibration</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>E-6 A</td>
<td>Diseases of articulare bursitis resulting from continious local pressure</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E-6 B</td>
<td>Veter, veter case and periost diseases due to over looding</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>E-6 C</td>
<td>Meniskus diseases in mining sites and so</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>E-6 D</td>
<td>Tearing of vertebral processis due to over forcing</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>E-6 E</td>
<td>Neural paralyses due to continous local pressure</td>
<td>1</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>E-6 F</td>
<td>Muscular cramps</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E-7</td>
<td>Miners' nystagmus</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>14</td>
<td>525</td>
<td>539</td>
</tr>
</tbody>
</table>

### Employment injuries by their causes

<table>
<thead>
<tr>
<th>Code No</th>
<th>Type of accident</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>100-Transportation accidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>Crashing of the motor vehicle against another motor vehicle, object or to anybody</td>
<td>86</td>
</tr>
<tr>
<td>102</td>
<td>Accidental fall while getting on or off a motor vehicle</td>
<td>18</td>
</tr>
<tr>
<td>103</td>
<td>Injury resulting from a vehicle turning upside down</td>
<td>35</td>
</tr>
<tr>
<td>104</td>
<td>Motor vehicle accident due to a parked vehicle</td>
<td>8</td>
</tr>
<tr>
<td>105</td>
<td>Any kind of falls during ferrying, falls in water (including machines accident)</td>
<td>0</td>
</tr>
<tr>
<td>Code No</td>
<td>Type of accident</td>
<td>2008</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>106</td>
<td>Injuries occurring in any kind of plane accident</td>
<td>0</td>
</tr>
<tr>
<td>107</td>
<td>Rail accidents</td>
<td>0</td>
</tr>
<tr>
<td>108</td>
<td>Other types of accident, not elsewhere classified</td>
<td>9</td>
</tr>
<tr>
<td>200</td>
<td>Accidental poisoning</td>
<td>0</td>
</tr>
<tr>
<td>300</td>
<td>Falls of persons</td>
<td>558</td>
</tr>
<tr>
<td>301</td>
<td>Falls of persons from heights (trees, buildings, scaffolds, ladders, machines, vehicles) and into depths (wells, ditches, excavations, holes in the ground)</td>
<td>143</td>
</tr>
<tr>
<td>302</td>
<td>Drowning, submersion</td>
<td>1</td>
</tr>
<tr>
<td>303</td>
<td>Falls of persons on the same level</td>
<td>414</td>
</tr>
<tr>
<td>400</td>
<td>Accident caused by machinery</td>
<td>512</td>
</tr>
<tr>
<td>500</td>
<td>Accident caused by explosion</td>
<td>16</td>
</tr>
<tr>
<td>501</td>
<td>Caused by fire arms</td>
<td>0</td>
</tr>
<tr>
<td>502</td>
<td>Caused by fire and explosion of combustible agent</td>
<td>13</td>
</tr>
<tr>
<td>503</td>
<td>Explosion of a vessel under pressure</td>
<td>2</td>
</tr>
<tr>
<td>504</td>
<td>Firedamp explosion</td>
<td>1</td>
</tr>
<tr>
<td>600</td>
<td>Exposure to or contact with extreme temperatures</td>
<td>91</td>
</tr>
<tr>
<td>601</td>
<td>Exposure to heat (atmosphere or environment)</td>
<td>4</td>
</tr>
<tr>
<td>602</td>
<td>Exposure to cold (atmosphere or environment)</td>
<td>1</td>
</tr>
<tr>
<td>603</td>
<td>Contact with hot substances or objects</td>
<td>83</td>
</tr>
<tr>
<td>604</td>
<td>Contact with very cold substances or objects</td>
<td>3</td>
</tr>
<tr>
<td>700</td>
<td>Struck by falling objects</td>
<td>340</td>
</tr>
<tr>
<td>701</td>
<td>Slides and cave-ins (earth, rocks, stones, snow)</td>
<td>15</td>
</tr>
<tr>
<td>702</td>
<td>Collapse (buildings, walls, scaffolds, ladders, piles of goods)</td>
<td>2</td>
</tr>
<tr>
<td>703</td>
<td>Struck by falling objects during handling</td>
<td>224</td>
</tr>
<tr>
<td>704</td>
<td>Struck by falling objects, not elsewhere classified</td>
<td>99</td>
</tr>
<tr>
<td>800</td>
<td>Stepping on, striking against or struck by objects excluding falling objects</td>
<td>1.405</td>
</tr>
<tr>
<td>801</td>
<td>Pressing of the body or members between two objects</td>
<td>359</td>
</tr>
<tr>
<td>802</td>
<td>Injury due to the striking by any agent or to a collapsed agent</td>
<td>30</td>
</tr>
<tr>
<td>803</td>
<td>Striking against stationary objects (except impacts due to a previous fall)</td>
<td>49</td>
</tr>
<tr>
<td>804</td>
<td>Striking against moving objects</td>
<td>22</td>
</tr>
<tr>
<td>805</td>
<td>Struck by moving objects (including flying fragments and particles) excluding falling objects</td>
<td>55</td>
</tr>
<tr>
<td>806</td>
<td>Caught in an object</td>
<td>70</td>
</tr>
<tr>
<td>807</td>
<td>Caught between a stationary object and a moving object</td>
<td>24</td>
</tr>
<tr>
<td>808</td>
<td>Caught between moving objects (except flying or falling objects)</td>
<td>213</td>
</tr>
<tr>
<td>809</td>
<td>Accident due to a sharp piercing device</td>
<td>583</td>
</tr>
<tr>
<td>900</td>
<td>Exposure to or contact with electric current</td>
<td>6</td>
</tr>
<tr>
<td>1000</td>
<td>Injuries due to challenging of the body</td>
<td>56</td>
</tr>
<tr>
<td>Code No</td>
<td>Type of accident</td>
<td>2008</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>1001</td>
<td>Overexertion in lifting objects</td>
<td>36</td>
</tr>
<tr>
<td>1002</td>
<td>Overexertion in pushing or pulling objects</td>
<td>2</td>
</tr>
<tr>
<td>1003</td>
<td>Overexertion in handling or throwing objects</td>
<td>1</td>
</tr>
<tr>
<td>1004</td>
<td>Strenuous movements</td>
<td>17</td>
</tr>
<tr>
<td>1100</td>
<td>Contamination of the part of body with a foreign object</td>
<td>21</td>
</tr>
<tr>
<td>1101</td>
<td>Contamination of the body or the eye with a foreign object</td>
<td>19</td>
</tr>
<tr>
<td>1102</td>
<td>Choking due to food material</td>
<td>2</td>
</tr>
<tr>
<td>1200</td>
<td>Biting and kicking by animals, by poisonous insect</td>
<td>2</td>
</tr>
<tr>
<td>1300</td>
<td>Treatment accident and vaccination complications</td>
<td>0</td>
</tr>
<tr>
<td>1400</td>
<td>Late appearance of a problem because of an earlier accident</td>
<td>1</td>
</tr>
<tr>
<td>1500</td>
<td>Accident while welding</td>
<td>1</td>
</tr>
<tr>
<td>1600</td>
<td>Murder and wound</td>
<td>3</td>
</tr>
<tr>
<td>1601</td>
<td>Suicide and self inflicted injury</td>
<td>2</td>
</tr>
<tr>
<td>1602</td>
<td>Murder or injury by another person</td>
<td>1</td>
</tr>
<tr>
<td>1700</td>
<td>Trauma due to battle operation</td>
<td>1</td>
</tr>
<tr>
<td>1800</td>
<td>Exposure to or contact with harmful substances or radiations</td>
<td>14</td>
</tr>
<tr>
<td>1801</td>
<td>Contact by inhalation, ingestion or absorption of harmful substances</td>
<td>14</td>
</tr>
<tr>
<td>1802</td>
<td>Exposure to ionising radiations</td>
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<tr>
<td>1803</td>
<td>Exposure to radiations other than ionising radiations</td>
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<tr>
<td>1900</td>
<td>Other types of accident, not elsewhere classified</td>
<td>411</td>
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<td>0</td>
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<td>Total</td>
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<td>3.594</td>
</tr>
</tbody>
</table>

Type of accidents were listed according to ILO standards.
OCCUPATIONAL HEALTH AND SAFETY CENTER (ISGUM)
Occupational Health and Safety Center which is affiliated to Directorate General for Occupational Health and Safety was founded on 26th March 1969 by the decree numbered 6/11568 of Council of Ministers following the ratification of the “Pre-Implementation Agreement on Special Fund for Occupational Health and Safety” signed in 1968 between representatives of Republic of Turkey, Special Fund Administration for United Nations Development Program (UNDP) and ILO within the scope of Program for the Improvement of Working Conditions and Environment aiming to meet occupational health and safety requirements in Turkey. In the following years of its inception, attempts were made to strengthen ISGUM through regional laboratories.

ISGUM is the only official organization that is authorized to conduct measurement, examination and research enabling to identify negative factors in advance which can lead to occupational accidents and occupational diseases in our country.

The primary functions of ISGUM can be listed as follows: carry out field and laboratory studies in the field of occupational health and safety, to offer suggestions and develop standards and norms in this scope. Other functions of ISGUM is to support SMEs, provide technical consultancy service to various sectors, organize trainings, engage in promotional activities, do scientific research, publish scientific paper and documentation.

The field studies that ISGUM is engaged in can be listed as follows: measurement of dust, gas, chemicals, noise, vibrations, thermal comfort, illumination that adversely affect improved occupational health and safety conditions, studying the reasons that lead to occupational accidents, collecting samples from workers to conduct biological assays depending on the type of the enterprise and the sector which helps identifying the precautions to be put in place, ECG and taking standard chest X-rays, performing respiratory function tests, carrying out audiogram and biochemical analysis.

The laboratory studies that ISGUM handles can be listed as follows: analyzing samples collected from workplace air and workers in the enterprise and assessment of compliance of the analytical results with regulatory or specification limits, evaluating the level of exposure and offering suggestions.

Technical consultancy involves organizing trainings and promotional activities and providing technical consultancy and trainings to organizations from public and private organizations, workers' and employers' organizations and occupational organizations in the field of occupational health and safety. Other activities undertaken in the scope of technical consultancy, trainings and promotional activities of ISGUM can be classified as activities and campaigns organized to raise social awareness, promote the institutions and cooperate with social partners.

ISGUM carries out scientific research activities in the field of occupational health and safety. In this scope, ISGUM plans and implements field studies to handle problematic sectors and risk groups in terms of occupational health and safety in Turkey and publishes the results of these scientific studies. To achieve these objectives, ISGUM works in close cooperation with qualified experts, technical and medical staff, universities and national and international organizations operating in this scope. Furthermore, ISGUM’s research activities focus on doing research to identify occupational health and safety risks that could emerge after the introduction of new production techniques developed as a result of technological innovations and producing knowledge needed by the sector in cooperation with universities. The primary aim of ISGUM for getting involved in such studies is to pre-identify new risks in the scope of occupational health and safety that are introduced by new technology and to minimize the losses caused by these risks.

As a result of latest developments in the field of occupational health and safety introduced by the efforts to harmonize with EU acquis, a new approach has been adopted that is based on risk management requiring the employers to carry out more research and studies in terms of occupational health and safety either by themselves or by some else. In addition to that, the number of public and private sector laboratories operat-
ing in the field of occupational health and safety is limited and the small and medium enterprises particularly need government support for workplace measurements and laboratory chemical analysis. Therefore, it was deemed as necessary for ISGUM to increase the number of its laboratories and support its activities through the introduction of mobile health unit service, aiming to ensure that occupational health and safety service provided by ISGUM becomes widespread throughout the country. To achieve these objectives, Directorate General for Occupational Health and Safety started to implement two projects financed by European Union funds: the former one named “Upgrading Occupational Health and Safety (OHS) in Turkey - ISAG” was implemented between 2004 and 2006 whereas the second project named “Establishment of Mobile Health Units – ISAG” was implemented between 2007 and 2009.

Within the scope of above mentioned projects; trainings, workshops and seminars were held to deal with issues related to occupational health and safety. In addition, trainings within the country and abroad were organized in order to enhance the technical capacity of the personnel from the Directorate General for Occupational Health and Safety and ISGUM. Participants of these events were mainly Labour Inspectors, Social Stakeholders and Members of Occupational Health and Safety Board. Local and international experts were assigned to work for ISGUM within the duration of the projects.

“Safety Culture” seminars were held in 11 different provinces namely Ankara, Bursa, Izmir, Adana, Gaziantep, Malatya, Samsun, Konya, Kayseri, Kocaeli and İstanbul within the scope of project awareness raising activities.

These projects also enabled the renewal of ISGUM Ankara laboratory in line with EU and NFBA Standards. Ankara and Kocaeli laboratories were equipped with technologically sophisticated chromatographic and spectrometric equipment, small laboratory equipment, analytical equipment to analyze fiber and particle chemicals, gas / vapour and dust sampling equipment, measurement devices to measure noise, vibration and thermal comfort. The procurement of new equipment enhanced the analytical capacity of these laboratories.

A regional laboratory was established in Kocaeli that is a significant industrial region in our country with the support of Kocaeli University. This laboratory is situated in the same building as that
of Occupational Health and Safety Vocational School. Besides, Kocaeli laboratory was developed to be able to provide same service as ISGUM Central laboratory.

Mobile health units were established in the scope of ISAG II project, which paved the way for SMEs having access to more rapid, reliable, inexpensive occupational health and safety service. Mobile Health Units are composed of various units such as Lung and Heart Screening Unit, Mobile Health Medical Laboratory Unit and Mobile Audiology Service Units.

There are two ongoing international projects that is run by ISGUM at present.

One of the international project that ISGUM carries out at present is "Technical Assistance for Development of Regional Laboratories of Occupational Health and Safety Centre (ISGUM) Project" (ISGLABTEK). This project started on 15th February 2010 and primarily aims to enhance knowledge and skills of ISGUM personnel about harmonized European Union legislation and practices. This project is going to end in 2012 and aims to enable all regional laboratories to provide high quality service on the same standard and bring all of these regional laboratories into a level where they can provide advanced service and consultancy to SMEs about harmonized EU legislation. When the project ends, the analysis and measurement that ISGUM carries out will become more diversified to be able to meet the needs of enterprises.

ISGLABTEK project will enable ISGUM to enhance its capacity to be able to provide high quality service to enterprises and to be able to apply more diversified national/international measurement and analytical methods to assess chemical, physical and biological risks that have a regulatory value as part of national legislation. Within the scope of this project, ISGUM applied to become accredited to TS EN ISO/IEC 17025 in April, 2011. The objectives of this project are as follows: to become a national/international laboratory that is accredited to TS EN ISO/IEC 17025, provide advanced service and consultancy to SMEs about harmonized EU legislation. When the project ends, the analysis and measurement that ISGUM carries out will become more diversified to be able to meet the needs of enterprises.

Another international project that ISGUM carries out is "Establishment of a market surveillance support laboratory for personal protective equipment (PPE) project". This project aims to conduct market surveillance and control activities of personal protective equipment either produced in the country or imported in a more efficient and rapid manner, enable Directorate General of Occupational Health and Safety to carry out compliance testing of Personal Protective Equipment itself, thus providing compliant PPE in the market.

Seminars and internships will be organized to familiarize personnel with the use of equipment in compliance testing of personal protective equipment. Theoretical and practical trainings will be provided to handle EU standards related to the compliance tests of personal protective equipment. The laboratory that is going to be developed as an output of this project is going to be ready to be accredited to TS EN ISO/IEC 17025.

In addition to international projects that it carries out, ISGUM is also involved in cooperation with various universities, hospitals and chambers of cooperation and several national projects. The target group of the national projects is composed of workers and employers from different sectors. The national projects aim to help improving occupational health and safety conditions, conduct health surveillance of workers and raise awareness for occupational health and safety through informing employers and workers, providing guidance and consultancy service and offering trainings. National projects focus on sectors facing the highest number of occupational health and safety problems and SMEs and the service and all other activities in those projects are offered free of charge.

The following projects are ongoing national projects: Workplace Environment Surveillance and Health Surveillance of Workers based on the results of Risk Assessment Studies in Gold Mines; Health Surveillance and Monitoring of Workers Manufacturing asbestos cement and asbestos clutch disc and Exposed to man-made fibers; Prevalence of Silicosis among Workers in Quartz Quarries and Grain Mills in the regions of Aydın/Çine and Muğla/Milas and Comparison of the Effect of Workplace Conditions on the Occurrence of Silicosis with the situation 5 years ago; Planning and Characterizing the Current Situation re-
The objective of the first ongoing project named “Workplace Surveillance and Health Surveillance of Workers based on the results of Risk Assessment Studies in Gold Mines” is to conduct workplace measurements and health surveillance of the workers based on the results of the risk assessment. Other objectives of the project are to plan workplace surveillance, submit results and proposals to the enterprises and provide trainings by professionals to workers, enterprises, employers on occupational health and safety.

The objective of another ongoing project named “Health Surveillance and Monitoring of Workers Manufacturing asbestos cement and asbestos clutch disc and Exposed to man-made fibers” is to monitor health and safety conditions of the workers who used to be exposed to asbestos and are now employed in workplaces where they are exposed to man-made fibers, to carry out workplace surveillance and carry out more efficient and effective health surveillance of these workers.

As an output of this project, current occupational health and safety conditions will be identified and proposals to improve working conditions shall be offered based on the results of the project.

The third ongoing project named “Prevalence of Silicosis among Workers in Quartz Quarries and Grain Mills in the regions of Aydın/Çine and Muğla/Milas and Comparison of the Effect of Workplace Conditions on the Occurrence of Silicosis with the situation 5 years ago” aims to study the prevalence of silicosis in the above mentioned regions. As an output of this project, trainings will be provided to prevent the prevalence of silicosis after revealing the results of the studies in workplaces.

The fourth ongoing project named “Analyzing Occupational Health and Safety Problems in Gas Stations” aims to identify the risk factors exposed by workers in ten gas stations through personal exposure measurements and workplace environment measurements, conduct health screening of the workers in the predetermined workplaces and identify required measures to be taken based on the results of the health screening. The ultimate goal of the project is to raise awareness of employers and workers on occupational health and safety.

The fifth ongoing project named “Analyzing Occupational Health and Safety Problems in Metal Sector” aims to reveal the current occupational health and safety problems facing workplaces operating in metal sector in Sincan Organized Industry Zone through risk assessment and occupational hygiene measurements and offer solutions. This project also aims to identify the precautions needed to be taken in workplaces, raise awareness of workers and employers on occupational health and safety and provide trainings to employers, workers and professionals working on occupational health and safety in the metal sector.

The last national ongoing project implemented by ISGUM is called “Analyzing Occupational Health and Safety Conditions of Employees in Health Sector and Assessment of Psychosocial Risks” aims to examine occupational health and safety conditions of the employees in the health sector and assess psychosocial risks. The other objectives pursued in this project are to analyze working conditions and working hours of the employees, identify risk factors that are harmful to health and exposed by employees, ensure that necessary precautions are put in place to minimize the effects of those risk factors, inform related parties and raise awareness.

As an organization that has diversified the occupational health and safety service offered, ISGUM aims to become a national and international centre seeking to achieve the following objectives: become an accredited reference laboratory, increase international recognition and reliability as a member of WHO-CC(World Health Organization Collaborating Centre), make occupational health and safety laboratory service more widespread through Mobile Health Units, provide guidance to public and private laboratories operating in the field of occupational health and safety and monitor their activities, do research to learn more about new techniques used to identify occupational health and safety risks and share this new information with the people working in that field.
This study explains the role of CASGEM in building occupational health and safety culture in Turkey and abroad. After providing historical background, it covers CASGEM's national and international training, research and publication activities on occupational health and safety.
Changes in production relations after industrialization resulted in many risks factors for human life. To be able to reduce these risk factors occupational health and safety (OHS) became important phenomenon all over the world. Having been improved constantly, occupational health and safety encourage organizations towards creating a specific management approach and culture. Occupational health and safety can make people approach health and safety issues with a holistic perspective and make them gain sufficient knowledge and skills for the prevention of occupational risks. At this point, adult training, research and publication are fundamental components of safety culture. And Centre for Labour and Social Security Training and Research performs this role in Turkey.

Centre for Labour and Social Security Training and Research (CASGEM) is affiliated body of the Ministry of Labour and Social Security (MoLSS) which has a national and international activity on training, research, surveying, publication and consultation on work and employment and social security since 1955. CASGEM is one of the pioneer institutions carrying out practices on occupational health and safety culture. CASGEM aims to provide sustainability of quality and productivity in work and employment and create a common safety culture in working life and society by conducting occupational health and safety trainings.

This study, which focuses on CASGEM's activities of creating safety culture, consists of four parts. First section includes CASGEM’s historical development, second includes ongoing training activities, third includes research and publications and finally fourth section includes international activities.

**Brief History**

Centre for Labour and Social Security Training and Research (CASGEM) first was established with the name of “The Labour Institute for the Near and Middle East” (YODÇE) in 1955 by supplemental agreement numbered 13 between Turkey and the United Nations with the assistance of the International Labour Organization (ILO). With this supplemental agreement, YODÇE was founded to improve professionals about working conditions,
occupational health and safety, industrial relations, labour force and social security in Turkey and Near and Middle East countries (Cam, 2008).

From 1955 to 2003, CASGEM functioned under the name of YODÇE/YODCEM. After this period, according to the Establishing Act (No: 7460) Institute's name has been changed to Centre for Labour and Social Security Training and Research (CASGEM) also with institutional law numbered 7460, the tasks and responsibilities of CASGEM are identified as;

a) To prepare training programs, to deliver trainings, certificate programs and to conduct researches on work and employment, social security, occupational health and safety, labour relations, employment, productivity, total quality management, labour market studies, ergonomics, environment, first aid, labour statistics and occupational health and safety for “physicians”, “nurses and sanitary servants”, “engineers and technicians” who are employed to reduce health and safety risks and to provide protective services in workplaces. In case of necessity, CASGEM could collaborate with the Ministry and other institutions.

b) To organize conferences / seminars and trainings for the staff of the Ministry and its affiliated and related bodies (ISKUR, SSI etc.) and also all employees, employers and managers working in public or private organizations.

c) To conduct researches, analyses and to collect data and documents about working life.

d) To advise the employers and employees about work efficiency and working life.

e) To prepare labour statistics.

f) To publish documents on related areas in Turkish and other languages.

CASGEM has reached more than 100,000 experts: trade unionist, managers in public and private sectors with its trainings since 1955 in Turkey and in some Middle Eastern countries. Various types of trainings have been delivered by CASGEM’s internal and external experts. (Internal Experts are CASGEM training experts, and experts and labour inspectors from MoLSS. External Experts are academics, experts from stakeholders and social partners such as trade unions, employer organizations). The trainer pool of CASGEM consists of approximately 200 external and internal trainers. Training fees of experts are financed from the circulating capital enterprise of CASGEM (Cam, 2008).

Training Activities

To improve safety culture in Turkey, training is a major activity supplied by CASGEM. The purpose of these training activities are to provide a healthy work environment, enhance the work efficiency, to minimize occupational accidents and diseases, to defend workers’ rights, to make recommendations and contribution about applications of laws, regulations and by laws related to occupational health and safety for both employees and employers.

Additionally, the trainings on working life and social security is carried out by CASGEM in order to provide the right and obligations and social security of labour and employers, assistance in solving the problems of social security and so contribute peace at work.

Both individual and institutional application - oriented training programs of CASGEM as it follows;

- Safety Expert (class A, B, C)
- Occupational Physician
- First-aid Training
- Occupational Health and Safety (Basic level)
- Occupational Health and Safety (Advance Level)
- Industrial Occupational Health and Safety
- Special Topics about Occupational Health and Safety
- Risk Assessment
- Occupational Health and Safety on SME
- Analysis of Risk Assessment
- Environmental Risk Management
- Ergonomics
- Social Security Law
- Individual Labour Law
- Collective Labour Law
- Trade Unionism in Turkey and Collective Bargaining
- Strategic Human Resource Management
- Stress and Stress Management in Work and Employment
- Training of Trainers
- Training of Managers
- EU Project Cycle Management

**OHS Training**

Occupational health and safety training programs have been implemented for years by CASGEM. Between 1984 and 2007, 1,326 training programs on mentioned subjects above have been carried out and 89,377 participants have been trained by CASGEM (2008).

In 2008 and 2009, 711 training programs on OHS were held with the participation of 23,991 people and 541 of these training programs was held in Tuzla Shipyards Region with 17,898 participants (CASGEM, 2010). Since 2007, as a result of recurring accidents, Ministry of Labour and Social Security took the necessary precautions and CASGEM undertook responsibilities of the trainings of both white-collar and blue-collar employees. The content of the training was about basic principles of occupational health and safety and industry-specific topics.

In 2010, 68 training programs were implemented and 4529 participants were awarded with certificate of attendance about OHS. In addition to these trainings, to strengthen the OHS culture 79 OHS awareness training conducted within the scope of social responsibility in cooperation with the industry chambers of commerce, confederations and local governments in different cities. 6058 people participated in these trainings.

In 2011’s first 6 months period, 134 OHS training programs were met with the demands of public and private sector and individual requests and 4564 people are awarded with a certificate of attendance (CASGEM, 2011b). Especially, 2nd Regional Directorate of Turkish State Railways, Directorate General of Coastal Safety, Nevşehir Special Provincial Administration can be given as examples of public sector OHS trainings and Yaşar Ice Cream and Food Co. and Development Studies Center Project and Consultancy Company are the examples of private sector OHS trainings.

**Training of Occupational Safety Experts and Occupational Physicians**

One of the most important roles of CASGEM in working life is to provide occupational health and safety trainings for health and safety professionals. CASGEM is the unique officially responsible public training institution in this area other than universities.

The purpose of this program is to train occupational physicians, occupational safety experts and technical staff who can approach health safety issue with holistic perspective and to make them gain sufficient knowledge and skills for the prevention of occupational risks and to contribute the protection of workers from risks.

By the implementation of this program, it is intended with business management, employees and workplace health unit staff to conduct teamwork, to cooperate with relevant people and organizations and to gain information and skills they need.

In 2010, together with occupational safety expert and occupational physician training the 23 trainings were given and 445 people were trained. With training activities in the first six months of 2011, given training number is 25 and 501 of people were trained (CASGEM, 2011a).

**Trainings with Protocol**

**Occupational Health and Safety Improvement Project For Construction Industry**

To improve working conditions and promote of employer and worker awareness about their responsibilities by introducing terms of the occupational health and safety in construction industry, “Improvement of Occupational Health and Safety
Cooperation Protocol The Scope of Under The Law About Building Inspection No. 4708 on the Construction in Building Inspection" was signed on 2010/10/22 between Ministry of Public Works and Settlement and Ministry of Labour and Social Security.

Throughout protocol that carried out by cooperation with Ministry of Public Works and Settlement and Ministry of Labour and Social Security, training carried out by CASGEM. Scope of the protocol were given training to workers at construction sector in 2011, on issues such as occupational health and safety general principles, workers and employers responsibilities in application of the legislation of occupational health and safety, penal and legal responsibilities arising from work accidents, health and safety in construction works, application of “OHS Measures Inspection Form” to be used at construction inspection, general assessment etc. In January-June, 2363 construction inspectors were trained there.

Protocol With the Ministry of Food Agriculture and Livestock

Ministry of Agriculture and Rural Affairs and Ministry of Labour and Social Security have signed a protocol which includes the training of agricultural advisers authorized to control whether IPARD of applicants for project investments meet EU standards on occupational health and safety. To this end, the occupational health and safety trainings were carried out for 100 participants in May of 2011.

Workers’ Penalties Funded Seminars

In accordance with Article 38 of the Labour Act No. 4857, CASGEM is one of the authorized organizations to use the fund deducted as penalties from workers’ wages. Within the scope of prepared project CASGEM used this fund in 2011 with her two different projects related to occupational health and safety training. One of these projects is Work Stress and Occupational Health and Safety Seminars For Working Women and the other is For the Small and Medium-Sized Enterprises Occupational Health and Safety Training Modules Project.

Work Stress And Occupational Health And Safety Seminars For Working Women

The aim of the project is to raise the awareness of problems and work conditions of women in workplaces. The seminars are planned to conduct in 30 cities with the coordination with 3 trade union confederations to reach 1500 working women during the year 2011. The experts from CASGEM and trade unions participate seminars as trainers for unionized women workers. In addition to these training seminars, work stress and mobbing surveys are applied to participants. As a result of this project, a report will be prepared in the light of data obtained from these surveys.

Under the project for Confederation of Türk-İş trade union members took place in the following cities: Afyon, Düzce, Bartın, Gaziantep, Mersin, Malatya, Manisa, Aydın, Tekirdağ/Çorlu, Rize.

The programs with the Confederation of Hak-İş is carried out at the following cities: Tekirdağ/Çorlu, Çankırı/Çerkeş, Kayseri, Diyarbakir, Denizli, Mersin, Antalya, Rize, Artvin, Sivas, Erzurum, İstanbul, Ankara.

<table>
<thead>
<tr>
<th>The Confederation</th>
<th>Number of Cities</th>
<th>Total participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Türk-İş</td>
<td>9</td>
<td>373</td>
</tr>
<tr>
<td>Hak-İş</td>
<td>3</td>
<td>187</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>560</td>
</tr>
</tbody>
</table>

It is aimed in this project to reach a total of 1500 working women till the end of 2011.

Occupational Health and Safety Training Modules For The Small And Medium-Sized Enterprises

Under the “Worker’s penalties Project” 2- days trainings for workers is envisaged. Sub-topics of this project are business and health, rights and obligations, work safety and occupational diseases.

Research and Publications

One of the important responsibilities of CASGEM is to hold research, publication and documentation activities in national and international level on work and employment, social security and occupational health and safety.
Journal of Labour Relations

There have been important developments recently both in Turkey and throughout the world about work and employment, social security, health and safety issues. Evaluating these developments together with the social sides in a journal which covers the practical and scientific fields are believed to be significant for the solution of the basic problems on work and employment and industrial relations, and for the development of new precautions on social policies.

The purpose of the journal consists from essays on work and employment and social security in order to contribute academic development and sharing the results in these fields. The aims of journal are stimulating the academics, researchers and experts to make research and to write articles nationally and internationally.

Supporting Academic Research And Publications

In 2010 CASGEM has started to support post graduate students for their research activities related with Occupational Health and Safety and Social Security practices. Supported academic researches and publications (in Turkish) are listed below;

- Lost Face of Employment: Organization and Employees of Under-Employer
- Analysis of Cost of Industrial Injuries Resulted in Injury and Death
- Industrial Injuries and Employees who Work in Distribution of Electricity
- Management of Worker Health and Industrial Safety at Business-profile and Suggestions of Solution in Turkey

CASGEM, also supported academic publications which are about work and employment and occupational health and safety.

- Analyzing the Labour Force Market in the Information and Communication Technologies Sector Comparing with India and Ireland in Turkey (Özdemir, 2011)
- Investigation of the Factors that Can Cause Accident and Analyzing the Environmental Impacts of Acetylene Production Plants (Tomas, 2011)
- Risk Analysis Practice in Small and Medium Scale Workplace (Şener, 2011)
- Effect of Flexible Working on Labour Costs and Competitive Power and Application on Textile Industry (Demir, 2011)

Other Publications;

- The History of Centre for Labour and Social Security Training and Research 1955-2007: Adult Trainings in Work and Employment at Turkey from YODCE to CASGEM (Cam, 2008)
- Non-smoking Workplaces (Bilir etc, 2005).

International Activities

CASGEM was established as an international institution under the name YODCE in 1955 and still continues its international activities with protocols, study visits and projects.

International Protocols

Environmental and occupational health and safety training program which is delivered by CASGEM with the request of the Iraqi ‘Association of Occupational Health and Safety’ is one of these international training programs. CASGEM has trained the participating members of association on basic issues (e.g. general occupational health and safety, occupational health and safety in Turkey, environmental impact assessment, occupational health and safety management systems, major industrial accidents, work at height, personal protective equipment, occupational health and safety insurance systems in Turkey, hazardous waste management, biological risks, ionizing and non-ionizing radiation, prevention from oil pollution, psychosocial factors in workplace, electrical risks, chemical risks, occupational health
and safety and environmental applications in municipalities, occupational health in mines, environmental management on construction sites, working in confined spaces, ergonomics and general risk assessment methods).

‘Risk assessment’ training program which was executed in May 2011 with the request of Ministry of Labour and Social Security from Turkish Republic of Northern Cyprus is another international training activity of Center in which she took part with 2 experts in Turkish Republic of Northern Cyprus.

CASGEM directly involves as an implementing and/or advisor agency in various international agreements. Agreements, conventions and memorandums concerning on working life, labour agreements, to resolve conflicts, arbitration, prevention of child labour, relations of social partners, relations between public institutions and trade and employer unions, occupational health and safety, labour inspection, employment and rehabilitation of disadvantaged groups are subject to Ministry of Labour and Social Security's institutional mission. Some of these missions require CASGEM directly take part in implementing international agreements and institutional law of CASGEM as an affiliated body of Ministry, such as conducting trainings on occupational health and safety. Furthermore, CASGEM was initially founded as an international research and training center and can take international tasks sua sponte depending on its institutional law and responsible for carrying out tasks and duties required by protocols signed by Ministry of Labour and Social Security. Also three international occupational health and safety trainings were held, two of them in Ankara for Iraq Occupational Health and Safety Association in 2010 and another in Turkish Republic of Northern Cyprus, for TRNC Ministry of Labour and Social Security in 2011. Hereinafter, two of the recent bilateral agreements that CASGEM involves are introduced:

**Protocol Between Republic of Turkey Ministry of Labour and Social Security and Republic of Azerbaijan Ministry of Labour and Social Protection of Population on The Permanent Associate Commission of Labour and Social Security VI. Assembly**

A protocol between parties was signed on 17.05.2010 in Ankara in accordance with the decisions made in the VI. Assembly of the Ministries;

- Cooperation between CASGEM and Republic of Azerbaijan Ministry of Labour and Social Protection of Population Centre for Scientific Research and Training on Labour and Social Issues will be conducted; cooperation of the centers includes study visits and information exchange in occupational health and safety area as well as other labour affairs.

**Agreement on Cooperation in Establishment of a Training Centre in Kazakhstan for Kazakh Construction Workers Between The Government of The Republic of Turkey And The Government of The Republic of Kazakhstan**

The agreement signed on 24.12.2010 in Ankara to establish a Training Centre in Kazakhstan to train Kazakh construction workers. The parties shall establish the centre taking as basis the Vocational State High School No:1 in the city of Astana. The parties that are mentioned above are Republic of Turkey Ministry of Labour and Social Security and Republic of Kazakhstan Ministry of Labour and social protection of Population, The Ministry of Education and Science and mayor’s Office of Astana.

On behalf of the Party of Turkey, Turkish International Cooperation and Development Agency (TIKA), Turkish Employment Organization (ISKUR), Centre for Labour and Social Security Training and Research (CASGEM), Union of Construction Industrialists (INTES), Kazakhstan-Turkey Businessmen Association (KATIAD) shall contribute to establishment of the training centre in Astana which will be similar to Construction Training Site-Turkey (TES) in Ankara and provide material, trainer support, information, experience and training of the trainers.

Since CASGEM’s one of the main goal is training,
the Centre as a stakeholder will contribute with its experience on occupational health and safety training. Furthermore, the establishment of an official training centre needs also a new institutional law, curriculum and research methodology on occupational health and safety. Consultancy on these subjects will be provided by CASGEM.

**Study Visits**

CASGEM aims to strengthen her international cooperation and develop her training programs on working life and social security issues. Within the scope of these targets and partnership formed with ILO/ITC and EU/OSHA, it has been planned to visit both partners in 2011.

**ILO/ITC:** As it is known that ILO/ITC is a training centre which provides trainings, research and advising services to ILO’s social partners. ITC has a structure that may be a role model to CASGEM. ITC provides educational services for the entire working life in this respect quite similar with CASGEM. A study visit will be held in the third quarter of 2011. The knowledge and experience of participants on international and EU training institutions will be increased.

**EU-OSHA:** European Agency for Safety and Health at Work is a decentralized body of European Union that specializes on occupational health and safety. CASGEM will gather substantial experience to update its all activities - particularly training activities - by this study visit to EU-OSHA. A study visit is planned for the third quarter of 2011 to exchange information and active collaboration between CASGEM and EU-OSHA.

**CASGEM EU/IPA PROJECT: Support for the Centre for Labour and Social Security Training and Research (CASGEM)**

CASGEM will start EU funded project named Support for the Centre for Labour and Social Security Training and Research (CASGEM). The aim of the project is to increase the capacity of CASGEM on design, development, delivery, evaluation of trainings and marketing and research in line...
with EU Social Policy and Employment Acquis. Because of its institutional law, CASGEM has the main responsibility to conduct the trainings in the field of social policy and employment among the other public institutions. CASGEM, as an affiliated body of MoLSS, ensures to be the responsible institution in order to provide Acquis-related trainings.

The initial impact of this project is to increase design, development, delivery, evaluation of trainings and marketing and research capacity of the Centre by increasing the knowledge and the awareness of MoLSS experts and labour inspectors, CASGEM experts. Thus, quality, effectiveness and accessibility of the trainings provided by CASGEM and demand to the trainings will increase. Marketing activities will also assist to increase demand for training.

The project will not only affect CASGEM’s capacity but will also assist to improve social dialogue culture. Worker, Employer and Public Institution representatives will participate in activities such as working groups, trainings and researches collectively.

At the end of project implementation period; the training design, development, delivery, evaluation and marketing and research capacity of the Centre will be increased. New training programs, increased marketing and research capacity will improve the quality of the service provided by CASGEM.

Target group of the project is MoLSS experts, labour inspectors and CASGEM experts and final beneficiary of the project is customers of CASGEM (Workers, Employers, Labour and Social Security Professionals, Social Partners etc.)

With increasing the capacity CASGEM will provide better, faster programs and research on work and employment. The programming, management, monitoring and evaluation functions of CASGEM will be efficient for further trainings. Also the visibility of CASGEM will be adequate on national and international area. CASGEM training instru-
ments and equipments (books, training documents, training CDs etc.) as well as organizational structure of CASGEM will be improved too.

One of the overall objectives of this Project “Support for the Centre for Labour and Social Security Training and Research” is to improve the quality of occupational health and safety trainings. As stated in Progress Report of Turkey 2010, in Chapter 19 “Social Policy and Employment”, there had been only a limited progress in the areas of Labour Law, Health and Safety at work and Social Dialogue as CASGEM directly involves in the implementation progress of these subjects.

As because one of the most important role of CASGEM in working life is occupational health and safety trainings for health and safety professionals; CASGEM is the only officially responsible public institution in the area of “health and safety at work”. There are three new regulations related with Occupational Health and Safety Professionals (No: 27768, 27.11.2010) in force, • Occupational Health and Safety Services, • Duties, Responsibilities, Authorization and Trainings of Occupational Safety Experts, • Duties, Responsibilities, Authorization and Trainings of Occupational Medicine.


All these activities of training, research and development are expected to be a contribution to the occupational health and safety subject. With its 2,500,000 € overall cost (2.250.000 € of European Union contribution included) the project will have major impact and sustainability on occupational health and safety issues.

To conclude, CASGEM has maintained training, research, publications and documentation activities about occupational health and safety issues successfully, on light of current developments, conducted. After that, CASGEM will carry out the mission of being pioneer on creating safety culture in Turkey and abroad.

References
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2. Act of Organizational and Duties of Centre for Labour and Social Security Training and Research (No: 7460)
7. CASGEM (2011a) Reports of CASGEM Activities in 2010
Establishing the Customs Union between Turkey and European Union according to the Decision 1/95 of the Association Council to ensure the free movement of goods, the abolition of customs duties, taxes having equivalent effect (of funds) and quantitative restrictions (quotas), as well as beginning of the implementation of the common customs tariff to third countries before and also for the elimination of technical barriers to trade with European Union member states, Turkey has to comply with European Union legislation.

By the decision of Association Council dated 06.03.1995 and No. 1 / 95 after establishing of the Customs Union between Turkey and the European Union by the decision of Association Council No. 2 / 97 for the elimination of technical barriers to trade, the list of legislation harmonized by Turkey and the harmonization condition and rules of this legislation were determined. Technical legislation of European Union on issues standardization, measurement, calibration, quality, accreditation, testing and certification to be harmonized with in the framework of decision will be included into our national legislation by which organizations and institutions and the cooperation that will prepare Technical Regulations Prepare for Increasing Exports Turkish Products is determined with the decision of the Council of Ministers No. 97/9196 and dated 15.01.1997, harmonization and implementation of the acquis duties on personal protective equipment is the Ministry of Labour and Social Security.

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Market Surveillance of personal protective equipment products the taking place in the market and distribution or while the products on the market, that are complying neither the technical regulation or not complying with the technical regulation by the Directorate General of the Ministry of Labour and Social Security.

The goal of market surveillance is to ensure the use of safe products of all consumers using personal protective equipment and to prevent unfair competition. Where collective protective measures can not be taken or due to the process the use of personal protective equipment if necessary employees in use of safe personal protective equipment significant progress in the prevention of occupational accidents and occupational diseases will be provided.

Personal protective equipment that are involved in market surveillance are determined on Personal Protective Equipment Directive within the framework of annual programs, project based, independently or by complaints. Complaints can be reported on the complaints section of the web site http://kkd.isggm.gov.tr or can be made as written. These complaints can be reported by consumer, user, competing manufacturers, distributors, conformity assessment bodies, notified bodies, other public agencies and non-governmental organizations.

Inspections are achieved by the authorized market surveillance inspector from the Directorate General of Occupational Health and Safety, ISGUM Central or Regional laboratories.

At first, check whether the product is CE marked. In the absence of a specific provision of the product technical regulations, whether CE marking is attached to the product appropriately by its manufacturer according to the provisions of “Regulation on the Use of the CE Conformity Marking” and attached to the product, and the technical specifications of the product is checked by inspectors. During this audit whether there are special provisions for CE marking of product is determined by the element of the audit. In the event of an impropriety or suspicion arises technical file instance of a product can be requested from the manufacturer later.

![Market Surveillance Process](image-url)
All personal protective equipment within the scope of Category I, II and III, must have the CE mark. In addition, Category II and III review of the notified body is necessary for personal protective equipments. For category III, following the harmonized production of PPE is necessary and this is provided by the notified body selected by the manufacturer. The number of this notified body needs to be attached to the product next to the CE marking. For category III, EC Type Examination certificate is given by notified body after the PPE is tested according to the basic health and safety requirements. The number of this notified body is available in the technical file of the product. Personal protective equipment with in the scope of category II and III, In cases where doubt the accuracy of CE marking, Certificatin process can be verified by contacting the notified body. During the inspection (or surveillance activity) the notified body number is written to the minutes of the relevant section of the audit.

During random checks or on a complaint made for the market surveillance, if there is a concern that the product doesn’t complying with the technical regulations the technical file is requested from the manufacturer. Technical file should be given to the relevant market surveillance department by the manufacturer within 7 days. The entire technical file, (eg, documents, and the decisions of the notified body) community legislation on the eligibility of the product will be requested if there is serious doubt.

The auditor when it deems necessary to carry out testing and examination with the checked product, takes two samples that one of them is witness sample. Samples taken during the inspection record in 3 copies to be regulated, a copy of the minutes is given to the manufacturer or distributor, a copy is sent to the testing, inspection and/or certification establishment with the sample taken, a copy with the witness sample is delivered to the Directorate General of Occupational Health and Safety.

The organization that will make the test and / or examination of samples must submit the report to the Directorate General by editing at the latest within 30 working days.

Samples according to the characteristics especially seal to deteriorate, are sealed by the auditor with the manufacturer or distributor and the sample label form which shows the clearly showing names of connections and contains the name, title and signatures of parties is placed on the samples.

If the samples taken Moved to another place, or the protection of the samples taken from the power producer or distributor to be retained or
released and the case is objectionable is written to the minutes.

If moving to the another place of the samples taken or protection of them are difficult or objectionable, they are left to be retained and the status is written to the minutes.

As a result of the test and/or inspection, when it is determined that the products are complying with technical regulation and safe, this matter shall be reported by General Director. The producer can take the samples back within fifteen days from the date of this report. The decision of the products which are not taken back in this period belongs to the Directorate General.

The test costs of the products which are determined as safe are met by the Ministry. The test costs of the unsafe products are met by the producer.

Application of Sanctions

About the unsafe products which aren’t appropriate by technical regulation, in relation to the number 12 of the law 4703 the Preparation and Implementation of Technical Legislation about Products, administrative fines updated by each year and in relation to the number 11 of the same law, the prohibition of the supply of the product on the market and disposal of the product partially or completely can be implement.

About the product which is determined as unsafe after market surveillance activities which are done by Ministry’s inspectors, the producer is warned in writing about making the product safe and immediate cessation of sales of existing products. If this matter is determined for high risk products, producer is invited to the Ministry with technical file and a protocol is signed about producing unsafe product or not. During the next market surveillance, if the same manufacturer’s product are determined unsafe, the sanctions are applied.

Conclusion of inspection

As a result of market surveillance conducted by the Ministry, if impropriety is determined according to Law 4703, administrative fines shall be paid to the tax administration or fiscal directorates within thirty days from the date of notification. Against the administrative fines, within thirty days from the date of notification, it may be appealed to the competent administrative court. The appeal does not stop the execution of the administrative fines.

The time-out period which is regulated in this law about the administrative fines is five years from the date of the violation has occurred and one year from the date of the violation is learned by Ministry.

With the aim of the control and inspection of producers’, distributors’, conformity assessment bodies’ or notified bodies’ activities, if any action is started, the time-out period decreases.

All documents and informations about market surveillance and inspection are archived for a period of 10 years in the concerning file.

The Report of Annual Market Surveillance

Authorized institutions prepares the annual Market Surveillance report which is the activities about market surveillance for consideration within the Undersecretariat of Foreign Trade Authorized Institutions forward this annual reports to the Undersecretariat of Foreign Trade until the end of next year’s second month.

The Number of inspections

It is determined by the Ministry that according to the result of annual market surveillance made by Ministry’s inspectors, the strategic goal is to decrease 10% the rate of unsafe products and safe products every year. Since 2006, 1747 products are inspected and 610 of them are determined as unsafe. In the Ministry there are still 26 market surveillance inspectors. In market surveillance, the priority is given to risky products and complaints and inspections are performed usually in heavy industry areas.
INTERNATIONAL PROJECTS WHICH ARE IMPLEMENTED BY DIRECTORATE GENERAL OF OCCUPATIONAL HEALTH AND SAFETY (DGOHS)

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By the beginning of 2000s, DGOHS has increased its capacity in the field of staff, trainings and equipments. As a result of EU negotiations period, lots of international projects has also been implementing. It is given brief introductions of the important ones of these valuable Projects below:

**Technical Assistance for Establishment of a Market Surveillance Support Laboratory for Personal Protective Equipment (PPE) in Turkey**

Technical Assistance for Establishment of a Market Surveillance Support Laboratory for Personal Protective Equipment in Turkey is a project that is carried out within National Programme for Turkey 2007 under the instrument for Pre-Accession Assistance (IPA-I) with a budget of 1.200.000 €. Commencement date is 1st of March, 2010 and beneficiary of the project is Occupational Health and Safety Laboratory Center (ISGUM) which is related institution of DGOHS. Main aim of the project that is carried out by ISGUM; is to establish laboratories in Kocaeli (regional laboratory) and Ankara (central laboratory) for PPE testing in order to strengthen the national system of market surveillance support laboratories in the PPE sector. PPE testing laboratory will have the equipments that can run compliance tests for the samples that are collected during market surveillance. Moreover, amongst the objectives of that project; the training of the laboratory personnel on methods of the PPE tests and preparation of documents required by the accreditation of the laboratory is included. That project is specifically focusing on the effective functioning of market surveillance support laboratories, ensuring that they are equipped and capable autonomously to carry out the relevant testing services related to market surveillance and thus providing the compliant PPE in the market with the PPE Directive. By achieving that project; the knowledge of the ISGUM staff on international standards about PPE testing and quality and capacity of ISGUM services to enterprises is expected to increase.

**Improvement of Occupational Health and Safety Conditions at Workplaces in Turkey (İSGİP)**

Project on Improvement of Health and Safety Conditions at Workplaces in Turkey focuses on small and medium sized enterprises having between 10 and 250 employees in five provinces of Ankara, Denizli, Kocaeli, Kütahya, and Zonguldak and in three targeted industrial sectors; metals, mining and construction where occupational accidents and diseases are most common. It is a comprehensive IPA-I Project with a budget of approximately 4.000.000 €. Commencement date of the Project is January 2010 and total duration is 24 months. It aims to implement an occupational health and safety management system in SMEs. Another goal is to train occupational health and safety professionals and other experts regarding occupational health surveillance, occupational hygiene and a recording system for occupational accidents and diseases. Also, it aims to raise the awareness by implementation of a promotional campaign for occupational health and safety. Key results to be achieved by the Project:

- 16 Centres of Best Practice selected and provided comprehensive support in order to fulfill the requirements of occupational health and safety management systems,
100 enterprises achieve suitable work organization plans/health and safety plans/risk assessment tools in order to fulfill the requirements of occupational health and safety management systems,

1500 enterprises (500 per sector: construction, metals, mining) receive models and training on the three sector specific models for occupational health and safety management systems,

Training delivered to 50 facilitators respectively experts from DGOHS;

500 occupational professionals will receive comprehensive training in occupational diseases diagnosis,

1500 occupational professionals will receive comprehensive training in occupational hygiene,

1500 occupational professionals will receive comprehensive training in the recording system for occupational diseases and accidents.

Consortium members are Austrian Academy for Occupational Medicine in association with I.A.L. - Friuli Venezia Giulia, CEEN Economic Project and Policy Consulting GmbH, Lattanzio e Associati SpA and IKADA Consulting Ltd. will provide abundant field experts to the project.

Developing of Regional Laboratories of Occupational Health and Safety Center (ISGUM, ISG-Labtek)

The project is conducted by ISGUM. The project, all of the budget financed by European Union, has the budget of 1.800.000 €. The start date of the project is November 2009 and finish date is December 2011. Beneficiaries of the project are DGOHS, ISGUM and factories. The project aims to improve the capacity of enterprises, SMEs in particular, to efficiently implement the occupational health and safety (OHS) legislation, by improving the institutional capacity of ISGUM regional laboratories, operating under the Ministry of Labour and Social Security. Amongst the objectives of this project are: to improve the quality and capacity of ISGUM services to enterprises, to increase the knowledge and experience of the ISGUM staff on how to align with the international standards related to their work, to improve the institutional capacity of ISGUM on quality management and accreditation, to ensure that the ISGUM staff is capable of preparing the “policy options” document using the knowledge they acquired in the field for use of OHS policy-making individuals or institutions, to raise awareness about occupational health and safety at workplaces, to promote the purpose and role of ISGUM laboratories, to ensure that a larger number of employers seek ISGUM.
services, to prepare and implement training programs on occupational health surveillance and measurement techniques, as well as on quality management and accreditation, and finally to prepare and implement action plans for promotional affairs.

**Service Quality Improvement in the Area of Occupational Health and Safety**

The project which is Matra Project, is conducted by Directorate of General Occupational Health and Safety (DGOHS). The start date of the project is January 2009 and finish date is January 2011. The Project, financed by Netherland Government, has the budget of 400.000 €. Ministry of social affairs and employment of Netherland take part in the project as project partner. At the end of the project, ISGGM and social partners profit by the output of the project. The subject of the project is that in 89/391/EEC Council Directive, article 2 says “If such protective and preventive measures cannot be organized for lack of competent personnel in the undertaking and/or establishment, the employer shall enlist competent external services or persons”. In Turkey, provision about service procurement from the competent external services or persons is integrated to labor law and published in Official Gazette No. 26887 dated 26 May 2008. In the Union of the EU Member States, the non-homogeneous legal arrangements about external OHS services are available. Therefore, this project has great importance for the determination of service criteria for institution which will give this service in our country. The aims of this project are increasing the quality of Occupational Health and Safety level of services in Turkey, to increase the institutional capacity of project beneficiaries and to determine the criteria for service of external agencies/organizations. Within the scope of the project, on the subject of external occupational health and safety services, training and examinations related to EU member state legislation and practices will be held. Moreover, procedures and principles related to occupational health and safety external service applications in the EU member countries will be meetings with the social partners in order to transfer. Furthermore, a guideline will be prepared on the qualifications of individuals and organizations which give services about occupational health and safety and their working procedures and fundamentals.

**Following The Technological Developments In The Field Of Occupational Health And Safety In The EU Countries, Learning The Use Of Laboratory Equipment**

Under the Leonardo da Vinci Mobility and Exchange Projects Program, the project was carried out by visiting various institutions in Germany between 16.04.2005-14.05.2005. The project included to improve the training of occupational health and safety (OHS) experts from occupational health and safety centre (ISGUM) on laboratory implementation, so that it contributes to our adoption of EU norms. Within the scope of the project, ten occupational health and safety experts visited to the OHS organizations in Germany for laboratory implementation. Training programs on the functioning of the laboratories and the use of laboratory equipment were arranged by visited institutions. The aims of the project were correcting the information deficiencies of beneficiaries in the field of occupational health and safety, allowing for practical training, providing intercultural interactions and developing of tolerance, realization of information sharing and developing vocational training and the sectoral service standards. Benefits of the project were reflection of technical personnel in this area shortcomings alleviation and working in the sector, acquisition of the continuity of life-long understanding of quality in education and development of the concept of team spirit.

**Upgrading Occupational Health and Safety Project (ISAG) Phase 1**

Upgrading Occupational Health and Safety in Turkey (ISAG I) Project started at January 2004 and finished at February 2006. It aims to adapt the standards of occupational health and safety in Turkey according to the EU. Particularly focusing on the small and medium sized enterprises, the goal is contributing the useful and well-organized development of a system in order to implement health and safety rules and regulations at workplaces. Results of the Project are:

- improving the working conditions and workers health,
- taking an important step for “safety culture”,
- structuring ISGUM Ankara Laboratory in terms of architectural, electrical, and instal-
lation infrastructure, in accordance with the standards of the EU Laboratory.

Upgrading Occupational Health and Safety Project (ISAG) Phase 2

EU Upgrading Occupational Health and Safety Project - Phase 2 which is a continuation of ISAG I initiated at September 2006 and ended at September 2008. The total project budget is 8.160.000 €, EU support is 7.000.000 € and Turkish Government's contribution is 1.160.000 €. Especially, small and medium sized enterprises are supported in this project.

ISAG Phase 2 has been implemented as a complementary Project. The foremost intentions of the Project:

- the preventing accidents at work,
- making an early diagnosis of occupational diseases,
- providing protective and preventive health care services,
- doing periodic inspections on-site.

Market Surveillance Support; Personal Protective Equipment- Twinning Project

Market Surveillance Support; Personal Protective Equipment project was carried out in 2005 as a twinning project with Finland. Project had a budget of 1.000.000 € and ISGUM participated as beneficiary of the project. This project was carried out as a Twinning Project with Finland. The aim of Twinning Project was to contribute to the implementation of the EU regulations/standards in the area of internal market, specifically focusing on the creation of a functioning market surveillance system. One of main results of the Twinning Project was the development of a detailed
market surveillance strategy for PPE. The strategy defines the key elements of market surveillance of PPE in Turkey. The Twinning Project included also training of administrators, training of inspectors, technical assistance to the laboratories, comparison of legislation, advice on use of PR and Communication, other practical advice, study visits and internships. Additionally, 5 PPE experts from ISGUM were taken basic training about PPE tests in Finland with an internship for two weeks in the content of the Twinning Project. By the Twinning Project, technical specifications of the PPE laboratory equipments were prepared for carrying out the most important tests of PPE from the safety point of view. Also the laboratory information system software has been prepared for the planned PPE testing laboratory of ISGUM. In this scope, an Internet site was designed and realized. It has entry points for document management system including:

• quality manual,
• procedure instruction and work instructions,
• test module, where basic information of the tests are stored and can be retrieved for editing during the test phase.

With the database, the tailored document management module will be used also for management of the PPE test reports. At the end of the Twinning Project, market surveillance plan was prepared for year 2007 that 70 PPE distributors would be inspected within 2007.

**European Network Education and Training in Occupational Safety and Health- (ENETOSH)**

ENETOSH commenced its activities in the form of a project sponsored by the European Commission as part of the Leonardo da Vinci education program. ENETOSH, established in 2005, brings together OHS experts and education experts in Europe and aims to co-operate with relevant European and international organizations and associations, including the European Agency for Safety and Health at Work and the International Social Security Association. Turkey was participated in ENETOSH and represented by DGOHS. Main aims of the project;

• exchange knowledge, experience and good practice in education and training of safety and health
• create a communication platform for OHS and education experts and provide possibilities for them to meet together
• foster the process of integrating safety and health into education and training at all levels of education, including vocational training and university education
• support the development and implementation of competence standards for teachers and trainers in safety and health
• ensure participation from as many professional OHS institutions and educational establishments across the whole of Europe and involve them in the network’s activities

Within the project in Turkey; health and safety subjects were incorporated into the school curriculum for the purpose of improving proper behavior before young people starting a job and those subjects were integrated into mathematics and Turkish lessons at every level of education. In the education campaigns, public has been sensitized to the subject by the use of methods such as; shooting spot films, making use of famous faces for the OHS presentation, preparing TV programs for national and local channels, using cartoon characters like NAPO in OHS education, preparing OHS puzzles, arranging posters, compositions, slogans and painting competitions. After those educations, it was observed that students enjoyed while they learned the subject and were actively involved in the education. Moreover as another important activity carried out within ENETOSH is an educational program was designed for the students of vocational high schools in 10 regions and healthy and productive labor force enabled the Ministry of Labour and Social Security to reach approximately 4000 students. Within ENETOSH Project, Ministry of National Education, Ministry of Health, students in every level of education, teachers, universities, SMEs, OHS professionals, trade associations, voluntary agencies, labor organizations were taken place as national partners to Ministry of Labour and Social Security in Turkey.
tell me the job
I tell you, disease

PROJECT ON DIAGNOSIS AND NOTIFICATION OF OCCUPATIONAL DISEASES AND INCREASING AWARENESS OF OHS PROFESSIONALS IN TURKEY

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Introduction

Moral and economic loss due to occupational diseases (OD) and accidents has a significant importance for the country economy. Hence, very serious measures should be taken in our country for occupational health and safety.

According to the Social Security and General Health Insurance Law, occupational disease is defined as "the permanent or temporary state of disease, physical or mental disorder caused by the work or the characteristics of repetitive activities that the worker undertake".

Occupational diseases can be completely prevented. Therefore, health and safety measures in the workplaces have vital importance. Within the scope of insurance, occupational diseases are not only an issue of disease diagnosis and treatment, but also an economic and social issue since compensation is required for the worker and his inheritors.

Rights and responsibilities regarding the occupational diseases in our country are defined in 5510 numbered Law for freelance and contracted workers. Public officers and agricultural workers are not covered within the occupational disease definition.

Although it varies from one country to another, 4-12 occupational diseases annually should be expected for every 1000 worker. Accordingly, 35000 to 105000 occupational disease incidence is expected. However, according to the SGK data, the number of incidence in 2009 is only 429.

Many reasons for insufficient notification rate of occupational diseases in our country can be listed in terms of medical, legal and social parts. These are:

- Lack of the priority for protective medicine within medical services,
- Insufficient placing the ODs to the prior field in terms of the education of medical professionals,
- Insufficiency of awareness and knowledge of physicians
- Difficulties and ambiguity of the diagnosis of occupational disease
- Lack of support of the OD diagnosis by occupational measurements and work history
- Absence of an occupational diagnosis guide
- Insufficiencies in recording of occupational diseases
- Insufficiencies of the number and quality of hospital to be applied
- Insufficient number of physicians in the applied hospitals
- Absence of an occupational disease diagnosis standard
- Insufficient knowledge of physicians in primary and secondary step about occupational disease algorithms and legal monitoring
- Insufficient and/or incorrect knowledge of worker and employer about ODs

In brief, employers, workers, insurance organizations and the government suffer moral and economic loss because the early diagnosis of occupational diseases is insufficient.

Safe working and healthy life awareness is important for the development of occupational health and safety (OHS). Development of this culture is not only important for occupational life, but also important for daily life. In addition, activities for raising awareness among related parts and community regarding occupational health and safety is important for our country. In order to replace the safety culture in community and to make it as a part of daily life, it is expected change of safe behaviour following belief of requirement of safety. Thus, this Project aimed to increase knowledge of related parties, to believe in requirement of safe behaviour and to address safe behaviour.

Overall objective: To increase awareness and knowledge of community and related parties on occupational diseases

Objectives:

- To create OHS culture in community,
- To increase awareness and knowledge on OD
• To complete studies for Guideline for diagnosis of OD
• To ensure cooperation and coordination of related institutions,
• To contribute for integration of OHS into educational programs in universities,
• To increase numbers of hospitals which is authorized for diagnosis of occupational diseases
• To ensure training programs for physicians appointed in OD Councils in these hospitals in coordination with Ministry of Labour and Ministry of Health
• To follow and to evaluate the implementation of studies on that issue

METHOD: This is a qualitative study focused on implementation/ cooperation/ discussion and action research. Its data collection means are observations and diaries.

Planning process

“Cooperation Protocol in the field of Occupational Health and Safety between Ministry of Labour and Social Security and Ministry of Health” was signed in 26.01.2010

Within the Protocol to develop suggestions for directing executives in decision phase and to provide determination of needs, priorities, policies and strategies “Occupational Health and Safety Common Council” founded in July, making two meetings took important decisions.

Occupational Health and Safety Common Council decisions are presented to top management and in the common meeting with the attendance of Ministry of Health and Social Security Institutions managers, under the presidency of Undersecretary of our Ministry decisions are taken parallel to Council’s decisions on the field of occupational diseases and Project’s calendar of the implementation is scheduled.

Within the Project, “Project Steering Committee” is founded in which social partners are represented. Committee made its first meeting in 16.09.2010 and scheduled its work programme on cooperation protocol and Project. Rights of translation and publication of “Occupational Diseases Guide” are taken in September 2010 by our Ministry and translation of Guide is contracted out, completed and received after the control of the editor.

Thereby inviting 55 associations which are considered as related with occupational diseases among Associations of Specialty in Medicine, information and cooperation meeting is made in 25 November 2010 on the field of occupational diseases.

“Guideline on Diagnosis of Occupational Diseases” draft is sent to 55 associations which are considered as related with occupational diseases via e-mail for relevant parts to be reviewed and critics and suggestions about Guide were requested from them.

In 23.12.2010, with the attendance of Ministry of Labour and Social Security Prof. Dr. Ömer Dinçer and Ministry of Health Prof. Dr. Recep Akdağ, “Project of Determination, Diagnosis on Occupational Diseases and Increasing Sensitivity of OHS Professionals in Turkey” which is carried out with the cooperation of our ministry and Ministry of Health is initiated.

Implementation

Joint Committee of both Ministries determined 22 cities all over the country for holding the seminars by taking account the cities which have the highest rate of injuries, the industrial workplaces of more than 50 workers and also ISGUM ve Public Health Laboratories. These cities are shown in the map as right page;

The seminar programs have realized successfully by several teams consisting of related directors, physicians and OHS experts from both Ministries and the academicians experienced on ODs in Universities at local level of the country.

The content of the programs are explained in details as follows;
IMPLEMENTATION CALENDAR   January 2010-December 2011

February 2010
Foundation of a Steering Committee for putting forward the need and the steps related with the project in which partners are represented

March 2010
• Making the workplan by Steering Committee
• Selection of regions and determination of the content of the seminars
• Determination of priority needs for “Guideline for Diagnosis of ODs”
• Determination of Work Groups

May-December 2010
• “Guideline for Diagnosis of Occupational Diseases” translation

January 2011
• Thereby in cooperation with the Societies of Specialty in Medicine preparation of “Guideline for Diagnosis of Occupational Diseases”

February-July 2011
• Preparation of written and visual training materials
• Preparation edition and free distribution of training materials (information brochures, posters, booklets, animations, spot films etc.) on occupational diseases for workers
• Preparation edition and free distribution of training materials (information brochures, diagnosis algorithms, posters etc.) on occupational diseases for OHS Professionals
• Holding information meetings for Provincial Health Managers in selected 22 provinces
• Coordination of trainings and seminars for OHS Professionals and social partners in selected 22 provinces
• Preparation of the “Guideline for Diagnosis of Occupational Diseases” still used by German Social Security Institutions compatible with the Turkey’s regulations and meeting with the needs of country
• Edition and free distribution of “Guideline for Diagnosis of Occupational Diseases”

August-December 2011
• Completion of procedures for authorization of 12 training and research hospitals suggested to Social Security Institution for health council reports based on determination of Occupational Diseases
• Ensuring the training programs for physicians appointed in OD Councils in these hospitals in coordination with Ministry of Labour and Ministry of Health
• Preparation of the Project Report
Probable Obstacles

- Insufficient participation by the representatives of Executive Board of the Project,
- Deviation in the project schedule due to the absence of experts for any reason to seminars and trainings,
- Knowledge and experience differences on occupational diseases among speakers from various universities in different regions,
- Ineffective and insufficient participation in the meetings by target groups,
- Less number of total participants than expected.

Results

After completion of the seminar programs, some results are defined as follows;

- Seminars on occupational diseases for social partners and OH professionals in 22 cities all over the country
- Total 4305 participants; 1682 from social partners and 2623 from OH professionals
- Project evaluation report
- Guideline on Diagnosis of Occupational Diseases
- Integration of diagnosis codes (ICD-10) of occupational diseases into hospital software
Conclusion

Awareness raising seminars regarding occupational diseases in whole Turkey in 22 provinces is evaluated as a very important step. Eventually, an initiation has already realized after many years for the growing issue on the failures of occupational disease diagnosis process.

In order to obtain a sustainable and effective occupational disease diagnosis and reporting process, prior to Ministry of Labour and Social Security, coordination of Social Security Institution and other related social parts have a significant importance. In this respect, ratification of “Co-operation Protocol in the Field of Occupational Health and Safety” in 2010 by Ministry of Labour and Social Security and by Ministry of Health can be regarded as a historical opportunity.

As an outcome of the effective implementation of the above mentioned protocol, active participation and support of relative parts has importance for the execution of the Project and other future activities.
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