

**IMPROVEMENT IN QUALITY OF  
EXTERNAL OCCUPATIONAL HEALTH  
AND SAFETY SERVICES  
MATRA PROJECT (MAT 08/TR/9/2)**



Ministry of Social  
Affairs and Employment

**TNO**



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Ministry of Labour and  
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# IMPROVEMENT IN QUALITY OF EXTERNAL OCCUPATIONAL HEALTH AND SAFETY SERVICES

Matra Project (MAT 08/TR/9/2)





# Introduction

The Netherlands Ministry of Foreign Affairs implements the Matra Pre-accession Projects Programme (MPAP) which aims to assist the new member states and candidate member states including Turkey, in meeting the criteria for EU membership through projects dealing with implementation of European legislation.

In this context, the MATRA project “Improvement in quality of external occupational health and safety services” (MAT 08/TR/9/2) was approved by the Netherlands Ministry of Social Affairs and the counterpart / beneficiary Turkish Ministry of Labour and Social Security, General Directorate of Occupational Health and Safety.

The approach of this study was to benchmark the Turkish regulations and policies against the Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work and the ILO Convention No: 161 and the Recommendation No:112 on occupational health services.

In the light of the MATRA Project, The Turkish Ministry composed a working group of representatives from the Directorate General of Occupational Health and Safety (DGOHS) of the Ministry of Labour and Social Security and ISGUM, a research institute on OSH under the authority of the Ministry. Also TNO was commissioned by the Dutch Ministry of Social Affairs and Employment to perform a study on OSH services in Turkey and assist the Turkish counterpart with study trips to three EU member states to compare the outcomes of this study and the identified gaps in Turkey with the situation in these countries.

Documents were studied by the Working group and many Turkish stakeholders were interviewed to collect their opinions on the functioning of Turkish OSH services. Then a stakeholder’s meeting was organized in An-

kara (August 2010) to gain the feedback from the stakeholders on the draft findings of the study.

Based on this study and the findings of the study visits, Turkey can evaluate what is best to bridge the gaps identified and introduce clear and transparent regulations and policies on OSH services.

Meanwhile a draft for a new OHS Law has been prepared by the Turkish Ministry of Labour and Social Security based on the Directive of 89/391/EEC, ILO Conventions No: 155 (on National OSH Policy) and 161 (on Occupational Health Services) and has been discussed with the stakeholders. It has been planned that the Occupational Health and Safety Law would cover the general principles in the field of occupational health and safety and all employees.

A word of thanks go to the Working Group consisting of the experts of TNO, Mr. Jan Michiel Meeuwssen and Mr. Jan Harmen Kwantes, and the representatives of the Turkish Ministry, Ümit Tarhan, Buhara Önal, Esin Aytaç Kürkçü, S. Suna Ahioğlu, Tolga Pekiner, Serkan Haciosmanoğlu, Selçuk Yaşar, Muhammed Furkan Kahraman, Mehmet Said Ağaogulları.

A special thanks also goes to Mrs. Reyhan Cephe from the Dutch Ministry of Social Affairs and Employment.

Furthermore, we wish to thank all officials particularly, Mr. Kasım Özer, Director General, and Dr. Rana Güven, Deputy of Director General, from the Ministry of Labour and Social Security for their enthusiasm and excellent contributions during the cooperative discussions with the Working Group.

At last, thanks to all stakeholders met, for their openness in sharing information, for their willingness to cooperate, for their availability and assistance.

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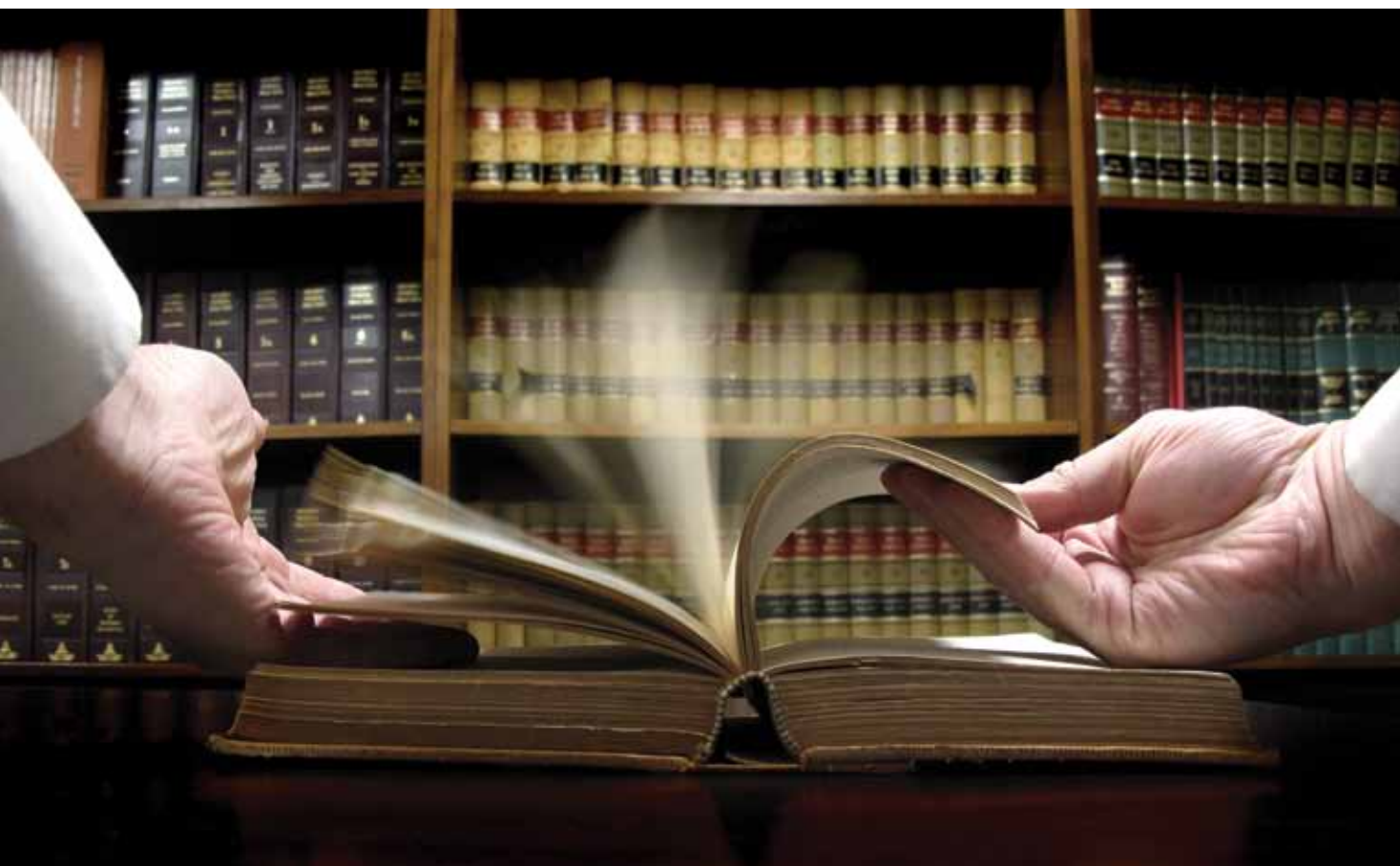
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# OSH regulatory environment in Turkey; recent developments

## Labour law

The most important OSH-obligations for Turkish employers have been laid down in the Turkish Labour Law nr. 4857. This law was adopted on 22-05-2003. Part five of this law has several articles (articles 77–89) referring to occupational safety and health.



*Some examples are:*

- » Every employer is obliged to take all measures and make available all necessary equipment to ensure adequate occupational safety and health at workplaces, and the compliance of workers with such measures taken (article 77)
- » The employer with more than 50 workers and active in industrial sectors (the activity should last longer than 6 months) is obliged to create an OSH committee or board. The OSH-committee consists of the manager and/or the deputy manager and the safety expert or technical staff member and occupational physician and the OSH-worker's representative and a representative selected by the trade-union or elected by workers. There are more members active in this OSH-committee. The main goal of this OSH-committee is to establish an internal regulation of OSH. At the end, the employer has to approve the draft internal regulation. When there is an immediate and imminent danger for workers a worker can turn to the OSH-committee to report that danger. The OSH-committee can come together and can decide if any measure has to be taken. (Article 80 and 83 and the special Regulation for work health and safety councils (7 April 2004/ 25426 Official Gazette))
- » Employers have to inspect the taken OSH-measures and whether the workers are obeying these measures (monitoring) (article 77)
- » The employer also has to inform the workers about the OSH-risks that they are facing (article 77)



- » The employer has the obligation to inform his employees about safety measures and the legal duties, rights and responsibilities (article 77)
- » The employer should give the employees adequate and appropriate training related to OSH (article 77)
- » Employers with more than 50 workers and active in industrial sectors are obliged to contract an internal or external OSH-service (Article 81)
- » Based on article 78 of the Turkish Labour Law many of the so called individual Directives of the EU have been transposed into Turkish regulations or are in preparation to be transposed (i.e. the EU directives on Noise, Manual handling of loads, etc.)





## Draft OSH-law

The Turkish Government is working on an independent OSH-law since 2004, which replaces the now existing part five of the Labour Law and will introduce new regulations. The draft OSH law is in process. Prime Minister of Turkey Recep Tayyip Erdoğan expressed in his opening speech of the “19th World Congress on Safety and Health at Work” (September 2011) that this OSH-law will come into force during the current legislative session (September 2011 – June 2012).

The expected new elements and clarified issues of this draft OSH-law are:

- » Coverage of all workplaces regardless of the number of workers
- » Coverage of all the sectors including all private and public sectors
- » Introduction of the concept ‘continuous improvement’ in OSH, similar to quality management systems according to ISO standards
- » Priority of collective protection measures above personal protective measures based on the industrial hygiene cycle
- » Introduction of proactive approach on OSH and obligation of risk assessment and plan of action
- » Introduction of consultation of workers on OSH and participation to OSH management
- » Introduction of workers representative on OSH
- » Introduction of the so called designated worker which originates from article 7 of the Framework Directive

## OSH-legislation specifically related to OSH-services

Based on article 81 and 82 of the Turkish Labour Law nr. 4857 employers, who permanently employ more than 50 workers, with the consideration of the number of employees at the workplace, specifications of the workplace and dangerousness of the work done, are obliged to:

- » Constitute a workplace health and safety unit (= an internal OSH-service);
- » Employ one or more occupational physicians and if needed other medical personnel (such as the OSH-nurse and medical technicians);
- » Solely in industrial workplaces, employ one or more engineers or technicians having the safety expert aptitude.

### In order to carry out:

- » Determined necessary occupational health and safety measures;
- » The monitoring of the implementation of these measures;
- » The prevention of accidents-at-work and occupational diseases;
- » The provision of first-aid, emergency treatment and protective health and safety services.

Employers may be discharged of these above-mentioned obligations fully or partially either:

- » By employing an in-house expert having the necessary qualifications determined in the regulation, or
- » By outsourcing to the joint health and safety units (external OSH-service) which are established outside the enterprise. The outsourcing thereof shall not discharge employer from his/her responsibilities and liabilities.

The qualification, number, employment, duties, authorities, responsibilities, working conditions, training, certification of the occupational physicians, safety experts and other personnel employed in workplace health and safety units (internal OSH-service), the conditions of outsourcing, the staff, equipment, the qualification and training of the staff of joint health and safety units (external OSH-service) and authorization of training centers, the curriculum of training of the occupational physicians and safety experts and qualifications of the trainers and examination shall be determined by a regulation put into force by the Ministry of Labour and Social Security after formal consultation with related partners.

***The former 'Regulation on workplace health and safety units and joint health and safety units' 15.08.2009 and latest changes on the new regulations as of 27.11.2010.***

In April 2010 a Turkish Court decision was made to suspend the 'Regulation on workplace health and safety units and joint health and safety units', especially the articles on the training of safety experts and occupational physicians. This is the main regulation based upon the articles 81 and 82 of the Turkish Labour Law (please see the paragraph above).

This problem has partially been solved by making additional items to the Labour Law. Additional changes to this topic are taken up in the adapted new three regulations:

1. Regulation on Duties, Authority, Obligations and Training of Occupational Physicians
2. Regulation on Occupational Health and Safety Services
3. Regulation on Duties, Authority, Obligations and Training of Safety Experts

These have come into force in 27.11.2010.

The main difference with the previous regulation is related with Community Health Centers. Lately, the Ministry of Health also was more intensively involved in the provision of occupational health expertise in Turkey. Community Health Centers under the jurisdiction of the Ministry of Health providing primary health care services, are now authorized by the new "Regulation on Occupational Health and Safety Services" to provide occupational health services by fulfilling the requirements of employing:

- a) At least one occupational physician
- b) At least one other health professional



# Analysis on occupational safety and health services

## Coverage of all workers

The OSH-legislation, including OSH-services, should be applicable to all public and private sectors, except some special exemptions like e.g. the military services. Presently the following sectors are not included in the OSH-legislation for example:

- » agriculture
- » forestry
- » public sector
- » households
- » military sector

Turkey should comply with article 2 (scope) of the Framework Directive (89/391/EEC) and also article 3, section 1 of the ILO Convention regarding Occupational Health Services, 1985 (C-161) and ILO Convention 155. If Turkey wants to comply with these international obligations, it should adapt its OSH-legislation to cover all workers.

## Health surveillance for all workers

Important to notice is the fact that also the health surveillance as mentioned in article 14 of the Framework Directive (FD) should be available for all Turkish workers. The ILO Occupational Health Services Convention (C-161) is even clearer; the functions mentioned in article 5 of this convention should be available for all workers (art. 3, section 1).

The threshold of 50 employees, as mentioned in 'Turkish Labour Law number 4857', seems to be in conflict with the above mentioned principles of the FD and the C-161 Convention. In our view every Turkish worker should have access to the internal OSH service or joint health and safety units or any similar health service, therefore this threshold of 50 employees in the Turkish legislation regarding health surveillance should be withdrawn.

The health examinations are an element of the health surveillance. Pre-employment and periodical health examinations are obliged in article 12 of the Turkish 'Regulation on Occupational Safety and Health Services'. Concerning the health examinations, medical status details of the workers

are described in a specific format in the annex of the above mentioned regulation. The implementation of health surveillance as such is unclear, therefore a guideline on health surveillance is under preparation in close collaboration with the relevant associations of medical professionals.

A vast need for health surveillance of workers from SME's will develop. Here the Community Health Centers under the jurisdiction of the Turkish Ministry of Health will play an important role to fulfill this need. Also internal OSH-services could be allowed, in future, to offer services to neighbouring companies.

## Preventive tasks for OSH services in the new law

The Framework Directive clearly promotes so called prevention activities to be introduced by employers, such as risk assessments and plans with measures to improve shortcomings within enterprises.

The described tasks for OSH services in the existing 'Regulation on Occupational Safety and Health Services' (27-11-2010) in article 12 are rather reactive and not based on a preventive policy.

To comply fully with the Framework Directive more explicit preventive tasks should be described, such as guidance or approval of the risk assessment and suggestions for the plan of measures an employer will produce to combat the identified risks. OSH services could be given a task to assist with or even approve the risk assessments of employers.





## Consultation of workers

An example of the typical task of an OSH-representative (as a member of the Work Council for example) in European enterprises is the approval of the employer's OSH policy. However, the task of the Turkish OSH-committee is rather problematic, because it also makes regulations for the enterprise on OSH, guides employer and workers on OSH, evaluates the risks and if necessary stops the work in the case of serious and close danger in the enterprise after workers' complaints. There are two worker representatives in the Turkish OSH-committee, one representative of the trade-unions (broader than OSH) and one representative elected by the workers.

The task of stopping work in case of serious and close danger is an enforcing power. There should be a clear division of tasks between the employer, the OSH-committee, the OSH-service and the Labour Inspection. This division in responsibilities can be realized in the new Turkish OSH-law.



Work councils should be introduced in Turkish (OSH) legislation by transposing Directive 2002/14/EEC on employee representation fully into Turkish legislation and giving the work council powers to comment and give feedback to the employers' policy and plans. Hence, the composition of the present OSH committee should be redefined in Turkish legislation according to Directive 2002/14/EEC.

## Designated Worker

The designated worker should be an integral and transparent element in the new Turkish OSH-legislation. Turkey has to comply with obligations related to the designated worker as set out in article 7 of the Framework Directive. We have not found in the Turkish legislation and regulation any clear and unambiguous obligation to appoint these so called designated workers by the employer.

It is possible for the Turkish government to introduce the designated worker obligation gradually into the Turkish OSH-legislation (transition period). For example: primarily, only companies with 50 employees or more will be obliged to introduce the designated worker. After 3 years also companies with more than 25 employees have to comply with this obligation. At the same time companies with 25 or less employees could have a choice: the employer can perform the tasks of the designated worker by him- or herself (c.f. the German Employers model in par. 4.1) or the employer can designate a worker for these tasks.

In close cooperation with Turkish employers and employees, training courses for designated workers can be created. The ministry could develop a kind of basic course for the designated worker. The authorised training institutions can organise these trainings for designated workers.

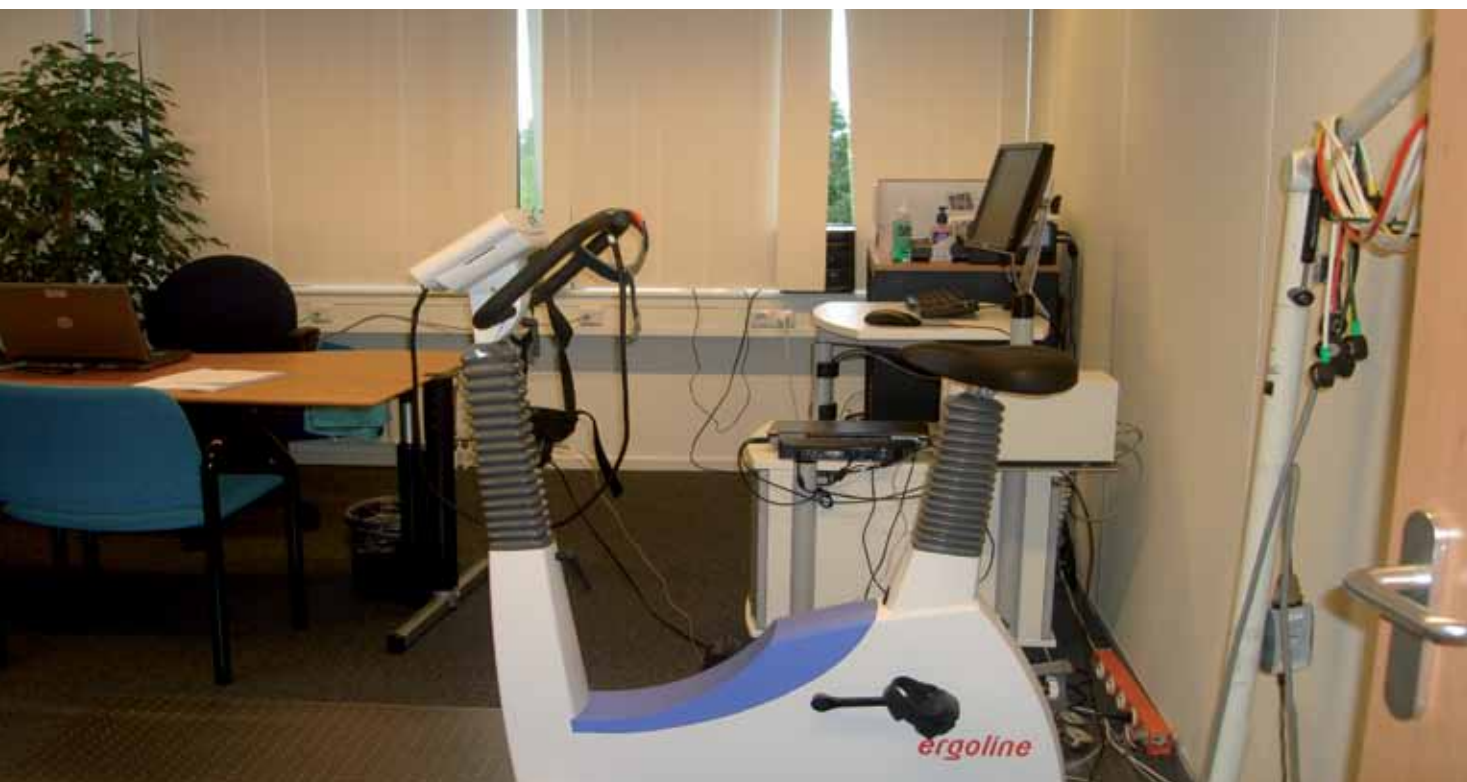
Dissemination of information on this change can be realized by means of seminars, a central database, leaflets, brochures and the internet. It is recommended to write a guide for the implementation of the designated worker, one for the employer and one for the designated worker him- or herself.

When the designated worker is introduced in the Turkish OSH-legislation we can face a conflict. Because the tasks of the present Turkish OSH-committee are more or less the same as the tasks of the designated worker. For example: evaluation/assessment of risks and guidance of employer. This conflict should be solved.



# Key issues study visits The Netherlands, Germany, Spain and United Kingdom





## The Netherlands

All workers in all sectors are covered by the Working Conditions Act of 2007. Only some exemptions are made for the military service when operating in the field, but even when the army during peace time is in its quarters, the Working Conditions Act applies.

All workers have the right to receive health surveillance. The health surveillance is performed by occupational physicians and should be related to work related causes of illnesses. There should be a relation between the risk assessment of an enterprise and the health surveillance. Specific health surveillance of workers exposed to high risks such as noise or vibrations should be arranged. The employer is obliged to offer health surveillance to his workers and bears the costs. Workers have the right to refuse health surveillance.

Dutch employers can organise the assistance of OSH services in several ways; either internally or externally. For

larger enterprises there is a strong preference to organise it internally and if this is not reasonably practicable it can be organised externally. Dutch employers bear all the costs for the recruitment and maintenance of an internal service or the costs of a contract with an external OSH service. The work council must approve the way in which the OSH service, either internally or externally, is organised.

OSH services have a preventive task in The Netherlands. Based on the Working Conditions Act, they have to authorise the quality and completeness of the risk assessment performed by the employer and the state of the art of the measures proposed to combat the risks. However,



there are some exemptions. If enterprises use a risk assessment methodology which has been agreed upon by social partners in the sector, no official authorisation is needed.

Workers' consultation on OSH takes place within enterprises through the work council. The rights of the Work Council are regulated through the Dutch law on Work Councils. Work councils should be given all the information on the employers' OSH policy and measures and they give their critical feedback on proposed measures by the employer.

The designated worker in The Netherlands is the so called prevention worker. He or she is nominated by the

employer and assists him with the compliance to all the obligations of the Working Conditions Act.

Minimum tasks of such a prevention worker comprise:

- » Helping to carry out and formalise a risk inventory and assessment and plan of action;
- » Advising or cooperating closely with the Work Council;
- » Implementing or helping to implement the measures mentioned in the plan of action.

In many cases the prevention worker also functions as a liaison between an external OSH service and the employer. Sometimes he also coordinates OSH tasks with the work council and even the Labour Inspectorate.

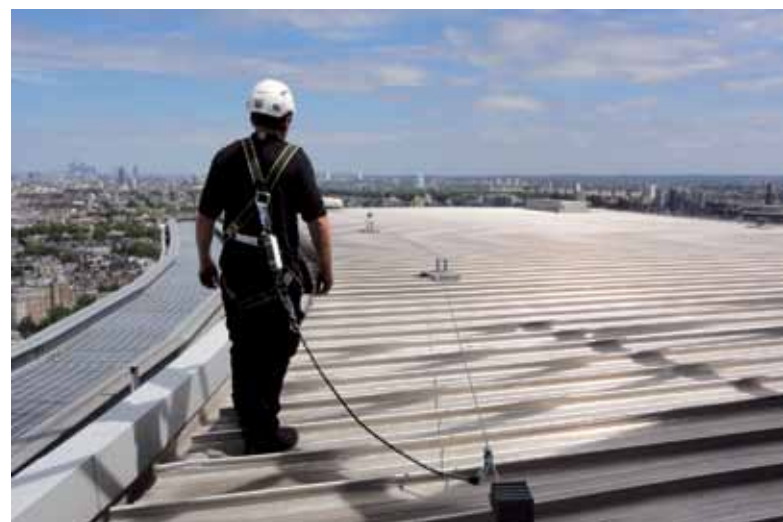
## Germany

All workers in all sectors and in enterprises of all sizes are covered as from the date of enactment of the German OSH Act (Arbeitsschutzgesetz); the date of enactment was 21.08.1996. In comparison all Turkish workers and sectors will be covered under the draft OSH law. Consequently, the problems stated in the first gap will be solved.

In Germany the employer is legally obliged to give the workers the opportunity of receiving a regular health checkup by an occupational physician, depending on the hazards for their safety and health at work. If no health damages are to be expected in view of the assessment of working conditions and the protective measures taken, health surveillance is not needed. In comparison, in Turkey the gap concerning health surveillance for all workers will be bridged by the new Turkish OSH Law.

In accordance with international law, relevant EU legislation and with previous German legislation, German employers are obliged to contract internal or external specialists in occupational safety and health and those specialists have common tasks including surveillance of working conditions, risk assessment, surveillance of workers' health, information distribution to workers and management and advise on actions for preventive measures. In comparison, similar Turkish regulations about the preventive tasks will be in force after accep-

tance of the new Turkish OSH Law and the regulations on OSH Services published on 27 November 2010 comprising surveillance of work places, surveillance of workers and evaluating risk assessments by internal and ex-





ternal OSH services. With the help of this modernization of Turkish OSH legislation the lack of preventive tasks with Turkish OSH services will be compensated.

In Germany the consultation of workers on OSH is provided by the Occupational Health and Safety Committee and Work Council in enterprises. The OSH Committee is a compulsory company organ which has to be established in enterprises with 20 or more employees. The committee is composed of the employer or his representative(s), the safety professional, the company doctor, the safety representatives, two representatives of the work council, and, if necessary an external OSH expert. The OSH committee has to advise the German employer in matters of OSH and convenes at least four times a year. Unfortunately, consultation of workers on OSH according to EU legislation is non-existent in Turkey, therefore the EU Directive on Work Councils (Directive 2002/14/EEC) should be transposed to Turkish legislation and the Turkish OSH legislation should make reference to these work councils.

In Germany the overall responsibility for organizational safety and health on the operational level rests with the employer. Employers may delegate some of these responsibilities to supervisors and safety delegates in terms of operational oversight and application, but all OSH provisions are aimed at the employers themselves, and it is they who are responsible for health and safety of their employees in the workplace. The EU Framework Directive points out the designated worker to fulfill all OSH tasks on behalf the employer. Unfortunately, there is no provision yet for the designated worker in Turkish legis-

lation. However, this problem will be solved by introducing the designated worker in the new Turkish OSH law.

Germany has an effective implementation of OSH policies for SME's through the so called "Employer Model". In this model the employer himself is supposed to organize the occupational safety and health supervision of his employees in relation to the hazardous situation in his company. As one specific outcome of this model, employers participate in information and motivation seminars on the problems of occupational safety and health (e.g. hazards in their company, the economic consequences of inadequate occupational safety and health, the legal provisions and the possible occupational safety and health measures). This enables the employer to make use of external expert advice according to the specific situation in the company concerned. In comparison, Turkey is not familiar with a model like the German "Employer Model" where Turkish SME's can benefit from. Similar to Germany, SME's are high in number in Turkey. So the "Employer Model", which is implemented in Germany for many years, can be a solution for Turkey.

## Spain

In relation to the coverage of all workers under OSH legislation, Spain adopted a Law on Prevention of Occupational Hazards. By this Law, all workers, including workers employed in the public sector with the exceptions of domestic and defense workers (when they work actively in the field), are covered. In comparison the coverage of all workers in Turkey will be solved through the new Turkish OSH Law which has been prepared in accordance with ILO Conventions 155 and 187 and the European Council Directive 89/391/EEC.

In terms of health surveillance for all workers, the employer is legally obliged to provide health surveillance for the workers who are employed at the workplaces in Spain. In Turkey the employer is fully responsible for health surveillance of all workers with the obligation of ILO Convention No: 161 and Labor Law No:4857. The implementation of this obligation has been provided by the OSH Services Regulation published on 27 November 2010 defining obligations to employers with more than 50 workers. Consequently, in practice, enterprises with less than 50 workers do not strongly comply with this obligation for health surveillance, because they lack the provision of services through an OSH service. However, through the draft OSH law, the health surveillance of public sector workers and employees working in the enterprises employing less than 50 workers will become obligatory.

In Spain, both internal and external prevention services are responsible for the preparation of an OHS plan, risk assessment, preventive measures planning, training and informing of all workers, emergency measures and health surveillance. In comparison in Turkey, OSH services have the duties of surveillance of workplaces, health surveillance, OSH and first aid, trainings of workers, emergency plans, keeping records of health surveillance, surveillance of workplaces and risk assessment. This is regulated in the OSH Services Regulation published on 27 November 2010. However, the employer is fully responsible for OSH and the OSH service has only a consultancy task. It is recommended to prepare sub-regulations and implementation guides on important individual tasks OSH services

can provide (risk assessment, health surveillance of workers, surveillance of workplaces etc.).

In terms of consultation of workers, Spain regulates the consultation of workers in the enterprises in its Law on Prevention of Occupational Hazards. The consultation of workers on OSH is provided by the so called Health and Safety Committee and Work Council in enterprises in Spain. In Turkey, consultation of workers on OSH is provided by the workers' representative of safety and health. They attend the regular meetings of the OSH Committee in the industrial enterprises employing more than 50 employees. However, sufficient training should be a must for the workers' representative of safety and health to consult on OSH matters. Besides in Turkey, the work council system as such, based on Work Council Directive 2002/14/EEC has not been transposed yet. After transposition of this Directive to Turkish law, consultation of workers can be further legally strengthened in Turkey.

In Spain, a designated worker can provide prevention services in case the activities of the company are listed in the so called Annex 1 of the Regulation of Prevention Services, No: 39/1997. This Annex lists high risk sectors and if such high risk enterprises employ more than 500 workers only professional OSH experts can perform their tasks and not designated workers. It is recommended that in order to provide OSH services to Turkish SME's, the introduction of the 'designated worker' would be a good solution. Taking into account that 29% of the total Turkish workforce is employed in enterprises employing



less than 10 employees, many of the micro enterprises would be helped satisfactorily if the employer him/herself is trained at a basic level of OSH (a total of 30 hours or 50 hours like in Spain). Besides, the introduction of

the ‘designated worker’ would solve the capacity problem where there is a lack of OSH expertise given the rising demand that will be caused by the draft OSH law.

## United Kingdom

In the United Kingdom, all workers in all sectors and in enterprises of all sizes are covered by the Health and Safety at Work Act. Besides that, the Government national OSH policy focuses on priority hazard areas such as falls from height, workplace transport, musculoskeletal disorders, stress, slips and trips and also employment sectors such as agriculture, construction and health services.

In the light of this information about the UK OSH system, a safety culture like in the UK must be the most important issue and it must spread all over Turkey. The Government and all related parties should be involved into these activities all together through the country.

In the UK relevant OSH legislation covers every employee, so they must have complete health surveillance.

The duties are qualified in the Health and Safety at Work Act (1974) by the principle of “so far as is reasonably practicable”. In other words, an employer does not have to take measures to avoid or reduce the risk if they are technically impossible or if the time, trouble or cost of the measures would be grossly disproportionate to the risk. Employers with five or more employees need to record the significant findings of the risk assessment.

In comparison, in Turkey, the current Regulation on OSH Services published on 27 November 2010 includes working environment surveillance of workplaces, health surveillance of workers and risk assessments by internal and external OSH services. This should be adapted accordingly to the draft OSH law.

In the UK, according to the Safety Representatives and Safety Committees Regulation 1977, trade unions may appoint the safety representative and the employer must

consult the union-appointed representative on OSH matters, or the employer may want to arrange for the employees to elect the representative to their own choice.

The new Turkish OSH Law should also include the designated worker that the EU Framework Directive requires to assist Turkish employers with all OSH tasks.

Additionally, the so called system of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) implemented effectively in the UK is created by the reports of employers, self-employed people and people in control of premises. It includes work related deaths, major injuries or injuries with more than three days absenteeism of the workers affected, work related diseases and dangerous occurrences. Thus, this reporting system should be taken into account as a good example and to be created and implemented in Turkey soon.

## Comparison GAP issues between The Netherlands, Germany, Spain and the United Kingdom

	The Netherlands		Germany		Spain		United Kingdom	
<b>Coverage of All Workers</b>	Yes "Working Conditions Act 2007"	Yes "Arbeitsschutzgesetz- 1996"	Yes "Prevention of Occupational Hazards, No: 31/1995"	Yes "Health and Safety at Work Act- 1974"				
<b>Health Surveillance for all workers</b>	Yes	Yes	Yes	Yes				
<b>Preventive Tasks of OSH Services</b>	Assistance and approval of the risk assessment and action plan Health surveillance Assistance with sickness absenteeism and rehabilitation Pre-employment health surveillance if allowed	Surveillance of working conditions, risk assessment, surveillance of workers' health, information distribution to workers and management and advice on action for preventive measures.	Preparation of OSH plan, risk assessment, preventive measures planning, training and informing all workers, emergency measures and health surveillance.	The preventive duties are qualified in the Health and Safety at Work Act by the principle of "so far as is reasonably practicable".				
<b>Consultation of Workers</b>	Yes, based on the Dutch act on Work Councils and the Working Conditions Act 2007	Yes By OSH Committee and Work Council.	Yes By Health and Safety Committee and Work Council.	Yes By safety representative of Trade Unions and elected representatives among employees.				
<b>Designated Worker</b>	Yes, art. 13 of the Working Conditions Act. General obligation to assist the employer with the compliance of the Act Minimum tasks: <ul style="list-style-type: none"> <li>• Helping to carry out and formalize a risk inventory and assessment and plan of action;</li> <li>• Advising or cooperating closely with the Work Council;</li> <li>• Implementing or helping to implement the measures mentioned in the plan of action.</li> </ul>	Yes	Yes	In fact, the UK does not have a designated worker as required by the Framework Directive. This role is more or less fulfilled by the safety representative of the Trade Unions or elected representatives among employees.				

## Comparison OSH Services and OSH Professionals in four EU Countries

Country/ issues	Netherlands	Germany	Spain	United Kingdom
<p>OSH services can be organised either internally or externally. The larger the enterprise, the more they are inclined to have an internal service. The way in which OSH services are organised must always have the approval of the workers' representatives. OSH services supply health surveillance, approval of the risk assessment and action plan and any other preventive services that are agreed upon by service contract with employers.</p>	<p>Germany has a broad variety of OSH services:</p> <ul style="list-style-type: none"> <li>Larger companies usually have a multidisciplinary in-house staff, often consisting of several physicians, safety engineers, psychologists, physiotherapists, medical assistants, personnel etc.,. Smaller ones will contract these services by the hour externally. External service providers can be physicians or safety engineers in private practice or (supra-) regional multidisciplinary OSH in private or accident insurance institutions ownership.</li> <li>For small enterprises the so called Employer Model exists and is offered by several accident insurance institutions.</li> </ul>	<p>The employer can organise the OSH service himself in case;</p> <ul style="list-style-type: none"> <li>The number of workers in the workplace is less than 10,</li> <li>The activities of the workplace is not listed in Annex 1 (a listing of all high risk sectors),</li> <li>The employer works actively at the workplace,</li> </ul> <p>In order to provide the prevention services by him/herself, the employer must have at least a basic level of OSH training.</p> <p>An Internal Prevention Service is required in case;</p> <ul style="list-style-type: none"> <li>The number of workers in the workplace is more than 250 for the activities listed in Annex 1,</li> <li>The number of workers in the workplace is more than 500 for the activities that are not listed in Annex 1,</li> <li>The Hazardous Death Index represents a special risk for the workplace depending on the evaluation of the inspectors (ITSS),</li> </ul> <p>It is an obligation that the internal service has to provide at least 2 of the 4 specialists on:</p> <ul style="list-style-type: none"> <li>Occupational Safety</li> <li>Industrial Hygiene</li> <li>Ergonomics/Physiotherapy</li> <li>Occupational Health.</li> </ul> <p>The employer remains fully responsible on OSH; the prevention service has only a consultancy task.</p> <p>An External Prevention Service can always be contracted by an employer, regardless of the number of workers. A Designated Worker can assist an employer in case;</p> <ul style="list-style-type: none"> <li>The activities of the company are listed in Annex 1, and the enterprise employs between 2 and 250 workers.</li> <li>The activities of the company are not listed in Annex 1 and the enterprise employs between 2 and 500 workers.</li> </ul> <p>In order to designate a worker to provide prevention services, this worker must have at least a basic level of OSH training.</p>	<p>The organisation of OSH services is based on a voluntary approach on the part of employers. These services therefore have no obligation and are freely organised by the employer who is free to assess the qualification of the staff employed.</p> <p>The government has a duty to provide a health and safety inspectorate that regulates and provides advice and guidance.</p> <p>The regulatory framework is goal-setting and risk-based, with employers required to do all that is reasonably practicable to ensure the health and safety of the employees.</p> <p>The types of service provided are diverse: inter-enterprise occupational health services, independent health services in large enterprises, any other type of service contract arranged by the employer, with external services.</p>	

## Comparison OSH Services and OSH Professionals in four EU Countries

Country/ issues	Netherlands	Germany	Spain	United Kingdom
Core experts	<p>OSH services (internally and externally) must be able to offer the services of four experts:</p> <ul style="list-style-type: none"> <li>Occupational physician</li> <li>Safety expert</li> <li>Industrial hygienist</li> <li>Work and organisation specialist</li> </ul> <p>Non core experts might include: occupational nurses, ergonomists, etc.</p>	<p>Core experts:</p> <ul style="list-style-type: none"> <li>Occupational Safety Specialist</li> <li>Occupational Physicians</li> </ul> <p>Non core experts:</p> <ul style="list-style-type: none"> <li>Occupational hygienists</li> <li>Occupational ergonomists</li> <li>Other safety professionals</li> </ul> <p>Etc.</p>	<p>It is an obligation that the internal service has to provide at least 2 of the 4 specialists and the external OSH services have to provide all the 4 specialists:</p> <ul style="list-style-type: none"> <li>Occupational Safety Specialist</li> <li>Industrial Hygiene Specialist</li> <li>Ergonomics/Physiotherapy Specialist</li> <li>Occupational Physician</li> </ul>	<p>Multidisciplinarity is not a specific legal requirement but in practice most large organisations take a multidisciplinary approach.</p> <p>Some health and safety experts have a very high level of qualification, others not. British law requires employers to appoint a “competent person”. Such as: Occupational physicians, occupational health nurses, ergonomists, hygienists, general practitioners, occupational health advisers, occupational safety and health practitioners, occupational therapists</p>
Employment core experts	<p>At internal and external services a wide range of contract forms can be found. Either the experts are employed through a regular labour contract or they are contracted on a part time base as self employed persons through a service contract.</p>	<p>Occupational physician and safety professionals are either employed based on a labour contract or hired through a service contract by the company.</p>	<p>The internal service is obliged to provide at least 2 of the 4 specialists by means of a labour contract.</p> <p>The external OSH services have to provide all the 4 specialists by means of a labour contract. The employer can arrange external OSH services by means of a service contract.</p>	<p>They may be direct employees, or may be employed on a contracted-out basis. They must meet the requirements of the respective professional bodies for registration, revalidation, continuing professional development, professional indemnity, and audit.</p>
Training core experts	<p>All the four core experts have their own qualification programs, mostly as a post graduate training or study. The amounts of hours differ and change regularly based on what the professional associations find necessary and apt for the profession. As an example a safety engineer on the highest level should follow a program of approximately 300 hours.</p>	<p>Safety engineers and other safety professionals:</p> <p>The education of safety professionals takes in average several months; the absolute minimum is six weeks. For industry and trade the education process takes six weeks of presence in seminars and additionally several weeks of self training phases including computer-based and web-based training.</p> <p>Occupational physicians: Requirements for board certification is as follows:</p> <ul style="list-style-type: none"> <li>24 months training in internal medicine or general medicine</li> <li>36 months training in occupational medicine</li> <li>360 hours of theoretical instruction (as part of the five year education period) at one of the seven licensed training institutes (Academy for Occupational Medicine)</li> </ul>	<p>The trainings of safety experts is as follows:</p> <ol style="list-style-type: none"> <li>Basic Level: The training lasts 30 hours or 50 hours. If the activity is not listed in Annex 1 (a listing of all high risk sectors), the training should be 30 hours. If the activity is listed in Annex 1, the training should be 50 hours.</li> <li>Intermediate Level: This training takes approximately 2 years (300 hours). The participants of training get a Professional Technician Degree after this level of training.</li> <li>Superior Level: Superior Level training takes 600 hours with a practical training. The trainees specialize in one subject in the area of Occupational Safety, Industrial Hygiene, Ergonomics / physiotherapy.</li> </ol>	<p>Fellows of Faculty of Occupational Medicine or experienced non-specialist occupational physicians or general practitioners with or without qualifications in occupational medicine with supervision from a specialist.</p> <p>Occupational Health Nursing Certificate/ Diploma/ Degree</p> <p>At least one nurse in the OSH service should hold a post-registration qualification in occupational health nursing at degree level or equivalent</p>

## Comparison OSH Services and OSH Professionals in four EU Countries



Country/ issues	Netherlands	Germany	Spain	United Kingdom
<p>For occupational physicians a university degree in medicine is required. Safety experts can have a higher vocational or technical university background.</p>	<p>Safety Experts:</p> <ul style="list-style-type: none"> <li>• Prior education               <ul style="list-style-type: none"> <li>- University/ Technical College/ Vocational College</li> <li>- Technicians</li> <li>- Certificate</li> <li>- Master craftsman's certificate</li> <li>- Persons working in the company with in-house technician's or master's status</li> </ul> </li> <li>• Practical experience               <ul style="list-style-type: none"> <li>- 2 years, for engineers taking specialist subject work safety 1 year</li> <li>- +2 years</li> <li>- 4 – 5 years</li> </ul> </li> <li>• Occupational Physicians:</li> </ul> <p>The specialization in Occupational Medicine requires five years of training.</p>	<p>i. Basic Level: Everyone can attend to the basic level training, even regular workers, to become a designated worker and employers to do preventive tasks at their own workplaces.</p> <p>ii. Intermediate Level: The prerequisite of training is to have profession diploma which is obtained by 3 years vocational education given by profession schools after high school period.</p> <p>iii. Superior Level: The prerequisite of this training is a university degree in any faculty.</p>	<p>No compulsory qualifications. The law considers persons to be competent, if they possess sufficient training, experience and other qualities allowing them to assist the employer comply with relevant statutory requirements. In more complex situations, a National/ Scottish Vocational Qualification in health and safety practice to level 3 or level 4, or qualifications like the "National Examination Board in Occupational Safety and Health" Diploma might be appropriate.</p>	
<p>Responsible training institutions</p>	<p>Occupational medicine schools and higher vocational technical colleges offer the training programs for occupational physicians and safety engineers</p>	<p>Safety Experts: Government or professional association recognition of approved training courses</p> <p>Occupational Physicians: The theoretical training is provided by the licensed training institutes (Academy for Occupational Medicine)</p>	<p>i. There are 18 accredited Occupational Health Teaching Units for Medical Doctors which are accredited by the National Committee of Occupational Medicine.</p> <p>ii. There are authorized and accredited training institutes for the basic and intermediate level trainings. Participants must complete risk prevention master programmes at the universities to take superior level training.</p>	<ul style="list-style-type: none"> <li>• Faculty of Occupational Medicine</li> <li>• Faculty of Occupational Health Nursing</li> </ul>



## Comparison OSH Services and OSH Professionals in four EU Countries

		Germany		Spain		United Kingdom	
Country/ issues	Netherlands	Germany	Spain	United Kingdom			
Funding of the OSH	Internal services are funded by the responsible employer. External services are market oriented which means that employers have to pay their services according to market prices.	The services are funded by the employers, depending on the services required, the number of hours worked, the risk incurred, etc.;	There are two kinds of external service: 1. Mutual Preventive Services; provides health services that are paid by the State (Employers pay for employee's health premiums to the State) 2. Private Specialized Services (Employer pays for the four different types of services that are offered by an external Service.) Preference of the service type depends on the choice of the employer.	By the employer, however by the principle of "so far as is reasonably practicable"			
Responsible governmental organizations	The Ministry of Health maintains a special register for professions in health care of which occupational physician is one. The ministry of social affairs has a light influential role on OSH services, but most is left to the market. If OSH services do not perform well, employers will choose others	The Federal Ministry of Labor and Social Affairs	There are 3 Ministerial Departments that have obligations on OSH: i. Ministry of Immigration and Labor: Receives the EU directives and transpose them into the national system. Ministry offers EU legislation in which minimum level is set. ii. Ministry of Industry: The ministry works on industry and commercialization. The companies have to obey the obligations set by the Ministry of Industry in maximum level. Ministry controls machinery, installation, unique market (free), CE marking, and set the norms, gives certification. iii. Ministry of Health: All workers have to be included in health system as mentioned in EU directives.	The Health and Safety Executive is a non-departmental public body with Crown status, sponsored by the Department of Work & Pensions and accountable to the Secretary of State for Work & Pensions.			
Registration and core experts	All four core experts have their own professional associations which have their own registration systems. On top of that these four core experts must have and maintain a certificate which allows them to perform the tasks legally prescribed through the OSH service.	Final certificate + certificates for corresponding training modules	Yes, all the professionals are registered and certified by the accreditation bodies.	All doctors working in the service must hold a valid registration with the General Medical Council. All occupational nurses should hold a valid registration with the Nursing and Midwifery Council			
Quality supervision of OSH services	OSH services are certified in The Netherlands. The certification scheme is quite similar to ISO 9000 series. Commercial certification bodies certify and recertify the OSH services.	No compulsory certification, but there is a system of voluntary certification, which has no repercussions for companies. The Federal Ministry of Labor has initiated the development of quality insurance measures of OSH.	There is an authorization/accreditation procedure that is obliged by Regional Authorities before establishing an External OSH Service: • It is an obligation that the external OSH services have to provide all the 4 specialists of Occupational Safety, Industrial Hygiene, Ergonomic/ physiotherapy and Occupational Health. • In the phase of approval, the external OSH service's human and material resources are checked both paper based and on physically aspects. • There has to be an insurance policy that covers the liability to an amount of €1.750.000 against any damage that the customers might encounter.	The HSE is responsible for OSH policy in the UK. The HSE and local governments are the enforcing authorities. There are more than 400 local authorities in England, Scotland and Wales that have responsibility for the enforcement of health and safety legislation. Doctors and nurses must meet the requirements of the respective professional bodies for registration, revalidation, continuing professional development, professional indemnity, and audit. Employers should allow paid study leave to allow these obligations to be met.			



## Conclusions

The MATRA project first identified many gaps that were solved in the new regulations of 27-11-2010. However, still 5 crucial gaps remain that need to be solved in the draft Turkish OSH law.

Turkish OSH legislation presently is not in full compliance with the ratified ILO convention 155 and 161.

Turkish OSH legislation is also not in full compliance with the Framework Directive. However, Turkey is a candidate member state and has no official obligation yet to comply with the FD, but the preparation is in progress.

After the draft OSH law has been passed and approved, all regulations on OSH must be reconnected to this draft OSH law instead of the present Labour Law. This

includes the regulations on OSH services (27-11-2010) and the regulations that transpose the so called daughter or individual EU directives to Turkish law.

The MATRA project raised the issue of the so called designated worker; this designated worker needs to be included in the draft OSH law.

The MATRA project also raised the issue of consultation of workers on OSH and identified that Turkey still needs to transpose the Work Council Directive 2002/14/EEC.

## Recommendations

We recommend that Turkey passes the draft OSH law as soon as possible in order to bridge all the identified gaps of this MATRA project.

During the transition periods that are planned to be given after acceptance of the draft OSH law, the Ministry and all members of the National OSH Council should assist all stakeholders to comply with this new law through the provision of a supportive policy. This assistance must include concrete actions and implementations.

This supportive policy could include:

- » Information dissemination on the legislative changes
- » OSH training to all relevant stakeholders
- » Awareness raising and training in the newly covered sectors of the draft OSH law
- » Guidelines on risk assessment, health surveillance and the designated worker and other topics that need clarification
- » Development of (digital) tools to facilitate employers and workers to comply with their

obligations under the law, especially in the newly covered sectors

Additional statistical data on enterprise level are needed from the newly covered sectors

The Ministry can take initiatives for further research to follow and monitor the changes after the acceptance of the draft OSH law

Monitor the national state of the art on OSH services and the role and position of the designated worker

# Issues that raise questions

**Are the designated workers, the OSH representatives, the safety experts and the occupational physicians well enough protected against those employers who don't like their opinion or activities?**

**Answer:** Yes, in the Framework Directive (89/391/EEC) as well as in the ILO Convention on Occupational Health Services (C-161) three of these persons are protected (except the safety expert).

- » In paragraph 5 of article 7 of the Framework Directive the (judicial) position of the designated worker is protected: "They may not be placed in any disadvantage because of their (designator worker) activities".
- » In paragraph 4 of article 10 of the Framework Directive the workers' representatives may not be placed at a disadvantage because of their respective activities.
- » In article 10 of the ILO Convention on Occupational Health Services we find the (implicit) protection of the personnel of occupational health services (OSH-physician and OSH-nurse): "The personnel providing occupational health services shall enjoy full professional independence from employers, workers, and their representatives, where they exist, in relation to the functions listed in Article 5 (these functions are a.o. risk identification and assessment and health surveillance)
- » The safety expert is not mentioned explicitly, but this function can be treated in the draft Turkish OSH Law in the same way as the personnel providing occupational health services. This is a quite logical option, following the structure of the international OSH-legislation.

**Can the independency of the OSH-professionals be guaranteed?**

**Answer:** Yes, article 10 of the ILO Convention on Occupational Health Services guarantees the independent position of the OSH-professionals. This should be regulated in the draft Turkish OSH Law, also for the OSH-professionals working within an internal OSH-service. Independency and protection against disadvantage are the cornerstones for the work of these OSH-professionals.

**Who is responsible for the training of the OSH professionals?**

**Answer:** If there is an external OSH-service, the employer

(owner) of the OSH-service is obliged to comply with the OSH-legislation regarding the training of their professionals. Hence, the employer and every OSH professional have signed a labour contract. The company which has an internal OSH-service is responsible for the compliance to the OSH-legislation. So the employer has to train its internal OSH-service professionals or at least pay for the training of these OSH-professionals.

**If employers pay salaries how can the professionals be independent?**

**Answer:** The freedom of acting (operating) or the powers of an employer can be limited by the law. If a social topic is at stake, this is called social legislation.

Examples of social legislation can be: maximum working hours and the payment of minimum salary. But of course this can be done for occupational safety and health items as well. In the Framework Directive and in the ILO directives the role of occupational safety and health professionals have been introduced. An employer is obliged to consult an OSH-professional (e.g. OSH physician). Based upon this legislation the OSH-professional is protected against disadvantages because of his work.

It is possible for an employer to create an in house OSH-service, including an OSH-physician. In this case the employer is paying the salary of the OSH-physician, but still the employer is obliged to protect the OSH-physician against disadvantages. So this legislation offers the OSH-professional the possibility to keep some distance to the employer and give him/her his independent professional judgment.

**The National OSH-Council develops policy documents. What should be the status of these documents?**

**Answer:** In many EU-countries there are independent organisations of employers and employees which give advice to the government. These consultive organisations are often called: social-economic councils. They are reacting to proposals of the Government for new legislation or policies, sometimes after a formal question for advice from the Government/Minister. Sometimes these councils produce spontaneously advices on several social-economic topics. These advices can lead to an adaptation of the Government proposals, but of course the Government cannot be forced to do so. At the end, in every democracy, the Parliament has the last word. It will accept or reject the Government proposals. The advices of such a council are also available for the parliament.



### What is the reason that the OSH legislation is applicable to all sectors and all workers?

*Answer: First of all the ILO-conventions and the EU Framework Directive are demanding the Member States to address these OSH-obligations to all workers, workplaces and sectors. At the same time every employer should be treated in an equal way. There should be a specific, objective, reason for the Government to make exemptions to this rule of equal treatment.*

### Is there a financial stimulus for employers to comply with the OSH-legislation?

*Answer: The OSH-legislation is not directly connected with the social security system. So a decline of occupational accidents and diseases has not a (direct) effect on the amount of premium you have to pay as an employer for public insurances, such as on sickness and disability insurances.*

The financial advantages for the employer of this OSH-legislation can be found in:

- » Less costs of absenteeism and rehabilitation, because of less occupational accidents and diseases.
- » Sick or disabled employees do not have to be replaced, which results in a saving of cost of wages.
- » The production process is not disrupted because of an occupational accident.
- » After an occupational accident the employer has to make costs for the investigation of the occupational accident, this can be saved by preventive measures.

- » Fines of the Labour Inspectorate and costs of judicial procedures on claims can be avoided.

### Are the obligations on OSH for employees based on the OSH-Law only?

*Answer: The OSH-Law provides minimum requirements for employees. Of course the employees have to comply with these requirements because this is based on public legislation. At the same time the employer has the right to develop its own (tailor-made) OSH-rules within his or her company. This is based upon the private legislation (civil code / labour code). These OSH-company rules cannot replace or lower the minimum requirements of the OSH Act.*

### Some OSH-obligations can be very rigid. How can we deal with it?

*Answer: Some OSH-obligations cannot be implemented or can be implemented only with high costs.*

*This can be a problem for especially small and medium sized enterprises. Therefore in the considerations, which are listed in every EU OSH- directive, the following sentence has been taken up: "whereas, pursuant to Article 118a of the Treaty, such Directives must avoid imposing administrative, financial and legal constraints which would hold back the creation and development of small and medium-sized undertakings".*

*But it also very difficult for the Labour Inspector if he/she has no possibility to interpret the Law in a flexible way. The Labour Inspector should have some freedom of interpretation during the enforcing activities. For example a bakery is housed in an old-fashioned building. This building does not meet all the OSH-requirements of the OSH-legislation. When there is no flexibility for the Labour Inspector, he has to close the work place and the company will run into bankruptcy. He has no options left. Therefore in many European OSH-laws the most rigid obligations are accompanied with the words: "unless this cannot be reasonably required" or some comparable words.*

### Is there a definition of the OSH-expert?

*Answer: There are definitions, but not in the international OSH-legislation. Only in ILO-recommendation R-112 the name physician is used in article 13. A physician should be in charge of an occupational health service. Remarkably: in ILO-recommendation R-112 he/she is called a physician, not an occupational physician. Another interesting point is the fact that in article 17 of the ILO-recommendation R-112 the nursing staff is mentioned.*

*In article 7 of the EU Framework Directive (89/391/EEC) there is no mentioning of an OSH-expert: here they are called: competent services or personnel.*



*In many EU-countries it is common use to appoint in the OSH-legislation two OSH-professionals: the occupational physician and the safety expert. The member states of the ILO and the EU have the possibility to appoint more OSH-experts into their national OSH-legislation. For example: an industrial hygienist, an ergonomic expert or an occupational psychologist.*

**What is the difference between the designated worker and the OSH-professionals (such as an occupational physician and a safety expert)?**

*Answer: the designated worker should be one of the workers (often a layman). More precise: the employer should have a labour contract with the designated worker. The main task of the designated worker is to assist the employer with the compliance of the OSH-obligations. The design-*

*ated worker is not an OSH-expert, however it is possible for an employer to designate an internal OSH-expert (with which he has a labour contract) as a designated worker. So the designated worker is more or less a coordinator on OSH.*

*The OSH experts are the ones who will assist the employer with more complicated and specialised tasks, such as the health surveillance of the occupational physician or the examination of the risk assessment.*

*In most EU-countries the OSH-experts are organized in external OSH-services. Relatively few OSH-experts are working within companies. In the end the designated workers and the OSH-experts are not competitors, but they have both their own expertise and they can (or better: have to) support each other.*

## Challenges and opportunities for relevant target groups in Turkey in the light of the change of OSH legislation

“Change always evokes dozens of arguments against it, but the challenge is to find arguments why change can be successful instead of focusing exclusively on the fear of failure. Otherwise no progress can be made.”

The Turkish OSH legislation will see five major changes in future due to the output of this international project on external occupational safety and health services. These changes are essential for Turkey to bridge the gaps identified in the present Turkish OSH legislation as compared to ILO conventions and EU directives. Moreover, besides the unavoidable and obligatory adaptation of the Turkish OSH legislation, there is an argument that even goes beyond, namely: Turkey intends to be viewed upon as a civilized state which cares for and protects its citizens and workers. This is the strongest argument to reform and modernize Turkish OSH legislation and allow

Turkey to further strengthen its position in the international community of civilised and democratic countries.

Obviously, these core changes lead to amendments in the working environment for specific target groups in Turkey. Most affected by these changes will be Turkish employers, workers and the OSH experts, such as occupational physicians and safety engineers. These target groups all work together in Turkey to monitor and improve working conditions. In the table below we have collected the challenges and opportunities these changes offer for the above mentioned target groups.



Target groups/Changes	Employers	Trade Unions/workers	OSH Experts
<b>All workers and sectors in Turkey will be covered by OSH legislation</b>	<ul style="list-style-type: none"> <li>• My workers will be more productive and motivated because they realise I care for them and invest in their working conditions.</li> <li>• Hence, they will be more committed to my enterprise and less inclined to leave.</li> <li>• Skilled and knowledgeable workers will prefer to work at my enterprise because I have a better health and safety policy than others</li> <li>• There is a level playing field in Turkey; there are no 'free riders' any longer; all employers have to invest in health and safety</li> </ul>	<ul style="list-style-type: none"> <li>• All workers in Turkey are now protected against harmful working conditions; this is a fundamental social right as written down in ILO Conventions and now within reach for all workers</li> </ul>	<ul style="list-style-type: none"> <li>• My professional expertise is needed by many more employers and workers than before</li> <li>• A growing market with a huge demand will develop for my professional expertise</li> <li>• I can further develop and deepen my profession because the demand for my expertise will rise substantially</li> </ul>
<b>All workers in Turkey will receive health surveillance</b>	<ul style="list-style-type: none"> <li>• My sickness absenteeism will lower and I will lose fewer days of production because of ill and non productive workers</li> <li>• Healthy workers avoid me to look for replacement in case of sickness absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>• All workers can now consult a doctor if needed</li> <li>• Collected data from health surveillance will give us a clear national view on facts and figures in occupational accidents and diseases in every sector of the Turkish economy</li> </ul>	<ul style="list-style-type: none"> <li>• I can further develop and deepen my profession because the demand for my expertise will rise substantially</li> </ul>
<b>Internal and external OSH services will take up more preventive tasks to assist Turkish employers and workers</b>	<ul style="list-style-type: none"> <li>• The OSH services can assist me more proactively with my duties and obligations under the law</li> <li>• I am early enough with prevention measures and avoid costs of accidents and absenteeism</li> </ul>	<ul style="list-style-type: none"> <li>• Workers will now be better protected because prevention is becoming core.</li> </ul>	<ul style="list-style-type: none"> <li>• I can use my expertise to combat risks at source and avoid human trauma</li> <li>• I am not the last in line when problems arise, I can also assist in designing new working environments to prevent accidents and diseases</li> <li>• I can now focus also on preventive tasks instead of exclusively curative tasks</li> </ul>
<b>Workers will be consulted on the OSH plans and measures of the employer</b>	<ul style="list-style-type: none"> <li>• My workers will be more committed to my enterprise because they are allowed to give feedback and influence my decisions regarding health and safety policies</li> <li>• I can get ideas for health and safety improvements from my workers</li> </ul>	<ul style="list-style-type: none"> <li>• Workers can now be elected and negotiate directly on behalf of their co-workers with the improvements of their working conditions with the employer</li> </ul>	<ul style="list-style-type: none"> <li>• As a professional OSH expert I can consult directly with workers the needs and usefulness of my expertise</li> </ul>
<b>All Turkish employers will design tasks to one or more employees (designated worker) to assist him with the compliance to obligations under the Turkish OSH legislation</b>	<ul style="list-style-type: none"> <li>• I can appoint someone who will assist me and relieve me from my burdensome task to coordinate all health and safety issues in my enterprise</li> </ul>	<ul style="list-style-type: none"> <li>• Workers can now approach someone nominated by the employer to express their needs in improvement of the working conditions</li> <li>• This designated worker lowers the threshold for workers to approach their employer on issues regarding the safety and health of their work</li> </ul>	<ul style="list-style-type: none"> <li>• As a professional expert I now have a direct contact person who represents the employer that I can consult with</li> </ul>



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# Improvement in quality of external occupational health and safety services Matra project (MAT 08/TR/9/2)



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