

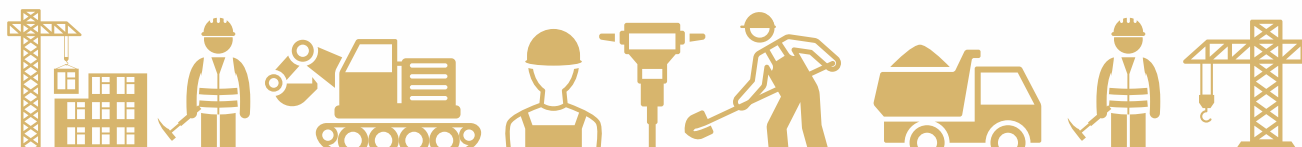


Government of Rajasthan

RAJASTHAN

Policy on Pneumoconiosis

including Silicosis Detection,
Prevention, Control & Rehabilitation





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Content

	Pg
1 Background	01
2 Pneumoconiosis and other Dust Exposure related diseases	02
3 Need for State Policy on Pneumoconiosis (including Silicosis)	05
4 Mission	05
5 Goals and Objectives	06
6 Norms of Eligibility	06
7 Coverage	07
8 Implementation Framework	07
9 Transparency and Accountability	13
10 Implementation	13
11 Pneumoconiosis Fund	14

1 Background

- 1.1 Rajasthan has its 0.50% geographical area under mining. It has the highest number of mining leases in the country – 189 leases for major minerals, 15,245 for minor minerals and 17,688 quarry licenses – a total of 33,122 mining leases. A majority of these are sandstone mines and quarries in the unorganized and small-scale sector.
- 1.2 Sandstone is available in several districts, the major sandstone mining areas are located in Jodhpur, Bundi, Alwar, Bhartpur, Karauli and Bhilwara districts. In 19 out of 33 districts in Rajasthan, mining and mineral processing industry is a major employer. It is estimated that mining and mineral processing industry in Rajasthan provides direct and indirect employment to about 3 million persons.
- 1.3 Building and Other Construction industry is another major employer in the state. Though, no reliable statistics are available on Building and Other Construction Workers (BOCW) from the state, it is estimated that there are about 2.4 million building and other construction workers in Rajasthan. They constitute one of the most numerous and vulnerable segments of the unorganized sector in the state.

2 Pneumoconiosis and other Dust Exposure related diseases

- 2.1 Majority of workers engaged in Mines and Building and Other Construction Work are exposed to various kinds of dust and are at the risk of developing occupational diseases due to dust exposure. Most of the dust related diseases are incurable, cause permanent disability and are totally preventable by available control measures and technology. These diseases are collectively termed as Pneumoconiosis.
- 2.2 Although, the technical definition of Pneumoconiosis varies from textbook to textbook, the term is applied to “the group of lung diseases which result from inhalation of dust in various occupations. i.e. Pneumoconiosis, Coal Worker's Pneumoconiosis, Asbestosis, Barytosis, Siderosis, Stannosis, etc.”
- 2.3 Pneumoconiosis is a notified disease under The Factories Act, 1948, The Mines Act, 1952 and The Building and Other Construction Workers (RE & CS) Act, 1996. It has been made a notified disease under the Rajasthan Epidemics Act, 1957.
- 2.4 Because of varied nature of mineral related industries and nature of occupations and keeping future developments in consideration, it is desirable to have a comprehensive State policy related to diseases connected with exposure to dust as they are totally preventable, cause permanent disability and are invariably incurable. These are also compensable under section 3 of Employee Compensation Act, 1923 and section 52 of Employee State Insurance Act, 1948. The list of diseases listed under Part C of Schedule-III of Employee Compensation Act, 1923 is given in Table-1;

Table-1

S.No.	Occupational Disease	Employment
1.	Pneumoconiosis caused by sclerogenic mineral dust (Silicosis, Anthrico-silicosis, Asbestosis) and silico-tuberculosis : provided that Silicosis is an essential factor in causing the resultant incapacity or death.	All work involving exposure to the risk concerned.
2.	Bagassosis	All work involving exposure to the risk concerned.
3.	Broncho-pulmonary diseases caused by cotton flax hemp and sisal dust (Byssinosis)	All work involving exposure to the risk concerned.
4.	Extrinsic allergic alveolitis caused by the insulation of organic dusts.	All work involving exposure to the risk concerned.
5.	Broncho-pulmonary diseases caused by hard metals.	All work involving exposure to the risk concerned.

2.5 For the purpose of this Policy, all diseases listed in Part C of Schedule-III of Employee Compensation Act, 1923 are termed as Pneumoconiosis.

A photograph of a mining site. The background shows a steep, rocky hillside with visible geological strata. In the foreground, two workers wearing yellow hard hats and orange safety vests are working on a pile of rocks and debris. One worker is crouched, and the other is standing nearby. The overall scene is dusty and rocky, typical of a mining environment.

The mission of the Policy will be prevention and control of Pneumoconiosis as an occupational disease with the ultimate aim of elimination of the disease and to provide relief and rehabilitation to affected persons.

3 Need for State Policy on Pneumoconiosis (including Silicosis)

The State of Rajasthan is pioneer in setting up institutional mechanisms for detection of Pneumoconiosis and providing payment of relief to the affected workers. However, the relief is being provided based on administrative instructions and circulars. Further, focus needs to be on prevention, as there is no cure once person contracts the ailment. Hence, a comprehensive State Policy is required to address various issues related to persons exposed to the threat and to those suffering from diseases caused by exposure to dusts, irrespective of the nature of employment, be it mining, building and other construction work or any other employment.

4 Mission

“The mission of Pneumoconiosis Policy of Rajasthan will be prevention and control of Pneumoconiosis as an occupational disease with the ultimate aim of elimination and to provide relief and rehabilitation to affected persons.”

5 Goals and Objectives

- 5.1 Establishing an efficient system for detection, certification and treatment of Pneumoconiosis cases.
- 5.2 Upgrading screening and treatment facilities in selected Community Health Centers and district hospitals in areas with high prevalence of Pneumoconiosis.
- 5.3 Establishing system for providing relief and rehabilitation to persons affected with Pneumoconiosis.
- 5.4 Identification of industries, mines, factories, other establishments and adjacent areas prone to Pneumoconiosis.
- 5.5 Design and enforcement of measures for prevention and control of Pneumoconiosis
- 5.6 Implementing awareness and training programmes and building capacity of all stake holders e.g. medical doctors, government officials, employers, workers, elected representatives, and people at large.
- 5.7 Implementing state-wide comprehensive programme for detection, prevention, control and elimination of Pneumoconiosis in Rajasthan.

6 Norms of Eligibility

The following category of workers / persons will be entitled for getting relief and other benefits under the State Policy;

- 6.1 Any worker / person suffering from Pneumoconiosis and certified by the Competent Authority for certification notified by the State Government for this purpose.
- 6.2 Workers from outside the State, who having worked in any industry, mine or any other establishment in the State are certified to be suffering from Pneumoconiosis by the Competent Authority and who have not received relief from any other State Government.

7 Coverage

- 7.1 The Policy will be applicable within the state of Rajasthan from the date of notification and to any worker or person certified to be suffering from Pneumoconiosis due to exposure to dust in any occupation or due to secondary exposure.
- 7.2 The Policy will also be applicable to habitants residing in the neighborhood of mines and industries or to the family members of the workers who are likely to be exposed to dust which may cause Pneumoconiosis.

8 Implementation Framework

The procedure for implementation of Policy will be as follows;

- 8.1 Programme for detection, prevention and control of Pneumoconiosis
 - 8.1.1 The State Government will initiate a comprehensive programme for detection, health surveillance, prevention and control and rehabilitation of the affected persons of Pneumoconiosis and other dust related diseases.
- 8.2 Detection, certification and treatment of Pneumoconiosis
 - 8.2.1 Every worker / person suspected to be suffering from Pneumoconiosis and desiring to be certified will be registered on online Portal. The registration will be enabled through multiple modes as prescribed by the State Government from time to time.
 - 8.2.2 The Competent Authority for certification will conduct medical examination for certification of pneumoconiosis in accordance with

the procedure and in the manner prescribed by the State Government.

- 8.2.3 A person not satisfied with the decision of Competent Authority for certification will have the right of appeal to Appellate Authority. The Appellate Authority will also conduct medical examination on similar lines to review the case.
- 8.2.4 The Competent Authority will issue a certificate of examination to every candidate examined by it and give its opinion. A person certified to be suffering from Pneumoconiosis will also be issued a Pneumoconiosis Certificate.
- 8.2.5 The State Government will prescribe the system / mechanism wherein every person certified to be suffering from Pneumoconiosis will be provided relief from Pneumoconiosis Fund through Direct Bank Transfer or any other suitable mode.
- 8.2.6 The State Government may prescribe a time period, if considered necessary, for completion of process from registration of person for certification to disbursement of relief.
- 8.2.7 Person suffering from Pneumoconiosis will be provided free treatment, investigations and medicines by the State Government
- 8.3 Upgrading screening and treatment facilities
 - 8.3.1 The State Government will upgrade the infrastructure facilities in Community Health Centers and District Hospitals in areas with high prevalence of Pneumoconiosis.
- 8.4 Relief and rehabilitation to persons affected with Pneumoconiosis
 - 8.4.1 On account of being afflicted by Pneumoconiosis, a Pneumoconiosis affected person and his family members will be eligible for the benefits at present, as mentioned in Table - 2;

Table-2

S. No.	Welfare Scheme	Assistance
1.	Rehabilitation Assistance	Rs3,00,000 as one-time assistance payable to the affected person after certification
2.	Assistance on death	Rs2,00,000 to the legal heir / nominee in the event of death of the Pneumoconiosis victim.
3	Pneumoconiosis Rehabilitation Pension	Pension equivalent to persons with disability, would be sanctioned irrespective of income criteria.
4.	Provision for sustenance of family	Widow pension to wife, and/or benefits under Palanhar would be provided irrespective of income criteria.
5.	Funeral Assistance	On death of the Pneumoconiosis victim, Funeral Assistance of Rs.10,000 will be given to the dependents where such assistance is not availed from any other source.

The administrative department (Nodal Department) may revise these benefits from time to time, and even alter the benefits after due concurrence of Finance Department.

8.4.2 All Pneumoconiosis affected workers and their family members will be provided benefits in State Government welfare schemes at par with ASTHA Card Holder family member. Procedure will also be initiated to get them included in BPL and NFSA lists.

8.4.3 The State Government will start special programme for skill development and imparting livelihood training for Pneumoconiosis affected workers and their legal heirs.

The State Government will setup Model Work Units in selected districts with good work practices and proper dust control measures.



8.4.4 The monetary and other assistance given by the Government under this Policy will be deemed to be 'Rehabilitation Assistance / Ex Gratia Payments' which in no manner will affect the right of the affected worker and or his legal heirs to seek appropriate compensation from his employer under any statute.

8.4.5 The Government will provide all the necessary legal support to Pneumoconiosis affected persons and will also approach the state legal services /authority for support in regards to enable them to get compensation from employer . There will be regular orientation of administrative functionaries and judicial authorities about the disease and legal provisions and compensation.

8.5 Regulation for prevention of Pneumoconiosis

8.5.1 The State Government will take action to register all mines, industries and other establishments with dust hazards and potential to cause Pneumoconiosis and will notify them as hazardous industry and bring them under appropriate regulatory framework irrespective of the number of employees .

8.6 Enforcement of measures for prevention and control of Pneumoconiosis

8.6.1 The State Government will prohibit manufacture, use and procurement of tools and equipment without proper dust suppression systems and will incentivise the small scale industries to manufacture and use such equipment for cutting, grinding, carving, etc. that have dust control features built in them.

8.6.2 The State Government will direct all employers to ensure that all appropriate engineering, dust control measures and preventive mechanisms as specified in various statutes are implemented.

8.6.3 The State Government will direct every mine, industry or establishment where dust is produced and workers are at the risk of developing Pneumoconiosis to formulate and implement appropriate and effective Personal Protective Equipment programme.

8.7 Awareness and training programmes to build capacities

- 8.7.1 The State Government will take necessary steps to ensure that medical doctors in Primary and Community Health Centers are provided training in Basic Occupational Health Services (BOHS) to make them competent in early detection of occupational disease.
- 8.7.2 All medical doctors engaged in screening for pneumoconiosis and members of Pneumoconiosis Boards will be trained in detection of Pneumoconiosis and use of ILO Classification of Chest radiographs of Pneumoconiosis by Medical and Health Department.
- 8.7.3 The workshops for all stake holders on Pneumoconiosis and its prevention will be organised periodically by the State Government.
- 8.7.4 The awareness programmes in various forms and appropriate manner will be conducted by State Government to ensure workers and public are made aware of the dangers of Silica and other dusts, preventive measures and the provisions of this policy.
- 8.7.5 The State Government will setup Model Work Units such as stone carving in selected districts with good work practices and proper dust control measures.

9 Transparency and Accountability

- 9.1 Information related to all aspects of implementation of the above Policy will be mandatorily disclosed in the public domain in compliance with the Right to Information Act, 2005.
- 9.2 The implementation of the Policy will be subject to an annual social audit as per the Auditing Standards of Social Audit laid down by the Office of the Auditor General of Rajasthan and will be facilitated by a body independent of the implementing agencies.
- 9.3 Regular dialogue / 'Samvaad' will be organized by the nodal agency periodically to serve as an interface between the officials entrusted with the implementation of the Policy at the state and district levels and stake holders.

10 Implementation

- 10.1 The Policy will be implemented by a nodal agency designated by the State Government from time to time in collaboration with Social Justice and Empowerment, Labour, Mines, Health and any other department considered necessary by the State Government.
- 10.2 Each department will be responsible and accountable for implementation of respective part of the Policy assigned to it.
- 10.3 A standing committee under chairmanship of the Chief Secretary will be setup to monitor and periodically review progress of implementation of the policy.

11 Pneumoconiosis Fund

- 11.1 For implementation of all the activities carried out by administrative department "Pneumoconiosis Fund" would be created, wherein different activities would be undertaken through either Treasury or P.D. account. The Fund would receive contribution in bulk from District Mineral Foundation Trusts (DMFT), Building and Other Construction Workers (BOCW) Welfare Fund, State Budget and Corporate Social Responsibility (CSR) Funding.
- 11.2 Other departments will carry out their mandate through their respective budget or with support from this Fund. The Fund would be operated by administrative/ nodal department for the Policy under overall supervision of Steering Committee (under the chairmanship of the Chief Secretary, Rajasthan).

Government of Rajasthan
Social Justice and
Empowerment Department
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