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INFORMATION ABOUT THE ACTIVITIES OF THE SANITARY AND HYGIENE DEPARTMENT

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Abstract:This article discusses the issues of teaching the subject, noting its importance in preparing students for the profession. It is intended to teach students the methods of work of a sanitary doctor and ways to eliminate and reduce infectious and non-infectious diseases among the population through sanitary control. The aim is to form a sense of responsibility in students, interest them, and expand the volume of knowledge necessary for acquiring practical skills.

- Forming logical and critical thinking, responsible approach to the profession in the student correctly and self-confidently.

- Formation of the skills of applying preventive and current sanitary control and methods of sanitary inspections used during the work of future sanitary doctors in practice, teaching them to externalize their external methodical work.

- The amount of theoretical knowledge and practical skills acquired will help the student in his future practice.

This article is based on and relies on the knowledge students have acquired in the disciplines of Public Health and Healthcare Administration, Management, Sanitation, namely Medical Statistics, General Hygiene, Labor, Nutrition, Communal, Child and Adolescent Hygiene, and Epidemiology.

Keywords: medical prevention, doctors, training, sanitation, epidemiology, service, organizational and legal, activities, public health, healthcare, management, programs, training hours, plans, State Sanitary-Epidemiological Service, institutions, territory, department, subordination, ownership, organizations, associations, norms, rules, hygienic standarts.

INTRODUCTION

In the training of doctors in the field of medical and preventive medicine, the issues of external and legal activities of the sanitary-epidemiological service are of great importance. They are well reflected in the programs of public health and health management, and 20% of the teaching hours are allocated for their study. In practical plans, their total volume increases to 30%.

The State Sanitary and Epidemiological Service exercises state sanitary control over compliance with sanitary norms, rules and hygienic standards by all state agencies, enterprises, institutions, organizations, and associations, regardless of the authority to which they are located or the form of ownership.

Historical information.

• The main goal was to create sanitary organizations that could combat epidemics (1918 - 1923).

• Creation and strengthening of sanitary organizations, which are one of the main links of health care in the country (organizational periods - 1924 - 1932).

• Organization of state sanitary inspections within the framework of the sanitary epidemiological service, strengthening the functions of state control and standardization of sanitary epidemiological work (1933 - 1948).

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• Organization of a unified sanitary-epidemiological service complex and strengthening their organizational role in planning and managing the necessary preventive work (1949 - 1955).

• Further development of the methods and forms of work of sanitary-epidemiological institutions, implementation of complex measures aimed at strengthening sanitary control, changing the forms of providing sanitary-epidemiological services to the rural population. (1965 - 1963).

• Raising, improving and improving all forms of sanitary-epidemiological and preventive measures.

Organizational and management forms of sanitary and epidemiology service

• Management of the People's Commissariat of Internal Affairs over medical units (until the formation of the People's Commissariat of Health).

• Sanitary-epidemiological sections within the structure of the People's Commissariat of Health (until 1922).

• The first sanitary station (Gomel 1922).

• The beginning of the large-scale organization of sanitary-epidemiological stations. Sanitary-epidemiological stations as independent organizations (Ukraine, 1931).

• Sanitary-epidemiological stations. State Sanitary Inspectorate.

• The unification of various elements of the sanitary-epidemiological service into one, that is, the formation of a complex organization - sanitary-epidemiological station institutions.

• The abolition of independent sanitary-epidemiological stations in rural districts and the creation of sanitary-epidemiological departments in district central hospitals (since 1956).

• Organization of independent district sanitary epidemiological stations in rural districts (1965-1966. Samarkand).

Basic principles of organization and activities of State Sanitary and Epidemiological Surveillance Centers

1. State management of the activities of organizations and institutions of the sanitary and epidemiological service.
2. Scientific and planning basis of sanitary and anti-epidemic measures.
3. Unity of current and preventive sanitary control.
4. Unity of anti-epidemic and sanitary measures.
5. Organizational unity of measures in rural and urban areas.
6. Unity of management of sanitary and preventive and anti-epidemic activities.
7. Participation of all medical organizations in the implementation of sanitary and preventive and anti-epidemic measures.
8. Participation of the population in the promotion of medical knowledge and sanitary and health improvement.

MATERIALS AND METHODS

Great work is being carried out in Uzbekistan to improve the external environment, improve the sanitary condition of villages and cities, residential areas, and industrial enterprises, prevent occupational and infectious diseases, and increase the sanitary culture of the population.

In recent decades, as a result of the development of science and technology, the external environment and the ecological situation have deteriorated somewhat, and today this issue remains one of the most urgent issues.

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Ecological issues are important issues in the main preventive direction of disease prevention, the creation of healthy living and production conditions for the population, and environmental sanitation.

Prevention, as the main principle of health care, is primarily manifested in the fight against the mass spread of infectious diseases, and then it is distinguished by its focus on preventing occupational diseases and providing employees working in industrial enterprises with priority medical services.

Today, prevention is a complex of state, social and medical measures, that is, aimed at providing the population with the most favorable conditions for the life of society, and fully satisfying the need for medical services. Since prevention is the main direction of the healthcare system, it is necessary to clearly define the main tasks of the sanitary epidemiological service and medical and preventive institutions aimed at protecting the health of the population.

The preventive activities of medical and preventive institutions should be mainly aimed at early detection of diseases among the population, preventive examinations, dispensary supervision, vaccination, and medical and hygienic education of the population.

Sanitary epidemiological service institutions are engaged in general prevention by conducting sanitary control at economic facilities to improve and further improve the living conditions of the population, labor, housing, nutrition, and the state of the environment.

Scientists have different opinions about primary prevention. In our opinion, the definition of primary prevention given by G.I. Tsaregorodtsev is quite justified:

"In addition to secondary medical prevention, which is used as a means of protection to prevent the development and progression of a disease after its onset, there is also "aggressive, socio-hygienic" - primary prevention, which develops scientifically based principles of labor, life, rest, nutrition of the population and implements them in life, which in turn prevents the occurrence of the disease. Although this definition clearly defines the boundaries of primary and secondary prevention, one cannot fully agree with G.I. Tsaregorodtsev's opinion, since the author associates "Medicine" only with secondary prevention. However, primary prevention, which has a "hygienic", "social-hygienic" aspect, is also included in the scope of medical activities, and the role of medical and preventive institutions in implementing primary prevention In particular, they are engaged in regular monitoring of the health of a healthy person, providing recommendations on a healthy lifestyle, preventing diseases, conducting sanitary propaganda, increasing the immune properties of the human body against diseases, and so on.

Prevention includes four areas:

— sanitary hygienic, i.e. natural, production and living conditions health improvement service;
— formation of a healthy lifestyle;
— identification, reduction, elimination of functional-biological risk factors;
— treatment-health.

The first three areas are included in primary prevention, while the last one constitutes secondary prevention. It is clear from the above that the role of the sanitary epidemiological service in primary prevention is not clear.

In our opinion, at the current stage of the development of our society and healthcare, the concept of primary prevention includes measures taken by the state, society, and healthcare system to maintain and further improve the health of the population by promoting a healthy lifestyle, creating healthy living conditions, regularly monitoring the health of healthy individuals, and increasing their resistance to diseases.

As we noted above, in medicine today, a distinction is made between primary prevention (prevention of the causes that cause diseases) and secondary prevention (prevention and elimination of conditions and factors that cause the development and recurrence of diseases).

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RESULTS

The main primary preventive measures implemented in medicine include sanitary and epidemiological measures, preventive immunization and vaccination, which are considered a means of preventing infectious diseases. The concept of lifestyle plays a leading role in primary prevention. Based on this concept, it is possible to develop measures to prevent all chronic non-epidemic diseases (cardiovascular, oncological, endocrine, neuropsychiatric, etc.). This is because most of the above-mentioned diseases are due to unhygienic behavior (smoking, alcohol consumption, low mobility, etc.) and other negative aspects of lifestyle.

Primary and secondary prevention correspond to two socio-economic and medical measures, which are the social-prophylactic direction of public health care.

It would be wrong to determine the preventive direction only by schematically following the sanitary legislation, sanitizing the external environment, vaccination, and some hygienic measures. The implementation of the preventive direction consists in improving the external environment surrounding a person, the living conditions of the population, strengthening their health and ensuring an active long life. This, in turn, requires the implementation of large-scale measures aimed at forming a spiritually rich, morally mature, intellectually developed, all-round mature person who has a vital role based on high universal values.

Thus, the socio-prophylactic direction is understood as a set of complex socio-economic and medical measures aimed at creating the most favorable conditions for raising a physically fit and spiritually active, comprehensively developed healthy generation, protecting the health of the population, primarily aimed at preventing and eliminating the causes of the emergence and development of diseases.

From the above definition, we understand that the preventive direction occupies a central place in the policy of our state and society in the field of health care, forms the basis of the strategy for preserving and improving the health of the population. Epidemiology and hygiene sciences play a significant role in organizing these measures on a scientific basis.

The bodies of the sanitary-epidemiological service carry out sanitary-hygienic and anti-epidemic measures and carry out state sanitary supervision over the implementation of these measures.

Changes in the production activities and life of people in medicine as a result of scientific and technical progress set the following tasks for the bodies of the sanitary-epidemiological service:

— timely assessment of all innovations introduced into the national economy from a hygienic and ergonomic perspective;

— development and implementation of methods for controlling the release of toxic substances and waste into the external environment from various facilities, as well as the norms of permissible concentrations;

— implementation of recommendations and measures developed to improve the working and living conditions of the population, and control over them.

The following environmental factors affecting the health of the population should be highlighted:

— monitoring the sanitary condition of atmospheric air, soil, water and water bodies in residential areas;

— issues of providing the population with water and clean drinking water;

— improving the nutritional conditions of the population, in which two things should be taken into account: rational and rational nutrition: full-fledged nutrition and healthy food consumption appropriate to the age and health of the population, i.e. prevention of contamination of food products

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with various chemicals and microbes during their production, storage, transportation from one place to another, and sale;

— ensuring the development and upbringing of children in accordance with their age and physiological state of the body;

— establishing control over the radiation background.

In order to fulfill each of the above tasks, the relevant state sanitary supervision of the sanitary and epidemiological service bodies is carried out. At present, the following important tasks should be implemented in our country to improve the activities of the sanitary and epidemiological service bodies and increase their efficiency:

— increasing the efficiency of state sanitary supervision;

— improving the structural system and management of the sector.

— strengthening the legal basis of the sector's activities;

— improving the methods and forms of work of the State Sanitary and Epidemiological Supervision Center, increasing the efficiency of organizational and control methods carried out at national economic facilities;

— planning and further coordinating sanitary and epidemiological activities;

— developing and implementing new methods for assessing the activities of the State Sanitary and Epidemiological Supervision Centers, their departments and specialists.

The listed tasks serve as a basis for restructuring the activities of the state sanitary-epidemiological control bodies in the current period.

DISCUSSION

Currently, the reforms being carried out in all sectors of the national economy of the Republic, the changing lifestyle of the population, the widespread use of new chemical, physical and biological means in agriculture, industry and life, and in people's daily activities are leading to the daily expansion of the activities of sanitary and epidemiological service institutions and the scope of state sanitary control. The Law of the Republic of Uzbekistan "On State Sanitary Control" and the "State Program for Reforming Healthcare in the Republic of Uzbekistan" set out the main tasks of revising the system of sanitary and epidemiological service institutions and bodies, their activities, and increasing the effectiveness of state sanitary control.

The main principles of the organization of the sanitary and epidemiological service in Uzbekistan are as follows:

1. The sanitary and epidemiological service is of a state nature. Any social and economic activities related to the health of the population are carried out with the direct participation of sanitary authorities. The financing of the sanitary and epidemiological service bodies is mainly covered by the state budget. All state sanitary and epidemiological control centers are subordinate to the state and are not privatized. Sanitary and hygienic norms and rules developed on a scientific basis are subject to the same implementation for all, regardless of the form of ownership or the subordination of institutions to one or another sector.

2. The principle of carrying out sanitary-preventive and anti-epidemic measures on the basis of a scientific and clearly defined plan, which in turn requires a systematic study of various environmental factors affecting the health of the population on a planned basis, the development of sanitary standards and rules aimed at improving the working and living conditions of the population, as well as the planned implementation of sanitary-hygienic work and anti-epidemic measures. 3. The principle of unity of sanitary-preventive and anti-epidemic measures organized in urban and rural areas. In order to ensure the successful implementation of sanitary-hygienic and epidemiological tasks on a state scale,

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the unity of goals and objectives in the areas of activity of the bodies of the sanitary-epidemiological service in urban and rural areas is achieved.

4. The principle of unity of management of sanitary-preventive and anti-epidemic activities. All sanitary-preventive and anti-epidemic work is managed and consolidated by a single sanitary control.

5. The principle of unity of preventive and current sanitary control. The main function of all sanitary and epidemiological control centers in our country is preventive and current sanitary control, which is implemented through these institutions.

6. The principle of participation of all medical institutions in carrying out sanitary-preventive and anti-epidemic measures.

One of the important principles is the participation of not only sanitary authorities, but also all medical institutions located in the region in the measures being taken. The work of the district doctor, nurses and specialist doctors, sanitary doctors and epidemiologists, based on a joint plan with sanitary and anti-epidemic sanitary and epidemiological institutions, determines the quality and effectiveness of the medical and preventive services provided to the population.

7. Participation of the population in the formation of healthy lifestyle skills, in carrying out family health work. This principle implies the direct participation of the population in all sanitary-hygienic and anti-epidemic measures, in the implementation of health and preventive measures among the community. The participation of the population is diverse: the hospital council in medical institutions, the events held by the “Healthy Generation” charity fund, “EKOSAN” are unimaginable without the participation of the population. Similarly, sanitary activists work at industrial enterprises, associations of companies, in neighborhood committees, under khokimiyats, councils of people's deputies, and health committees.

The above-mentioned basic principles of organizing sanitary and epidemiological services for the population have been developing and improving together with the health system for many years.

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