

IMPLEMENTATION OF LEGAL PROTECTION OF K3 ON HEALTH WORKERS AT PUSKESMAS B IN CIREBON DISTRICT

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DOI: <http://dx.doi.org/10.33603/hermeneutika.v3i2>

Received: 30 December 2024; Revisions: 29 January 2024; Published: February 2024

Abstract: The starting point is the high number of healthcare workers exposed to the COVID-19 virus, indicating the elevated risk that can occur and threaten the safety of the workforce, necessitating the need for protection for workers. How is the implementation of occupational health and safety protection at Puskesmas B in Cirebon Regency. The aim is to investigate the implementation of legal protection for Occupational Health and Safety (OHS) for healthcare workers at Puskesmas B, Cirebon Regency. Safety and health at work in the healthcare environment are of significant concern due to the high occupational risks faced by healthcare workers. This research uses a descriptive qualitative approach. Data is collected through interviews with healthcare workers, analysis of OHS policy documents, and direct observation of OHS protection practices at Puskesmas B. Thematic data analysis is conducted to identify the implementation and effectiveness of legal OHS protection. The results of this research show that the implementation of legal OHS protection at Puskesmas B is still suboptimal due to several challenges, including lack of awareness, understanding, and implementation of OHS policies. Despite the existence of written policies, adoption and implementation are not yet optimal. Therefore, improvements are needed in raising awareness, enhancing OHS knowledge, and stricter monitoring of compliance with OHS policies. Further efforts are required to enhance awareness, knowledge, and compliance with OHS policies among healthcare workers.

Keywords: Legal Protection, Occupational Health and Safety (OHS), Healthcare Workers

I. INTRODUCTION

The most important resource of an organization is human resources, namely the people who provide energy, talent, creativity and effort to the organization. Humans are a success factor in an organization because potential human resources in the pattern of tasks and supervision are the determinants of achieving organizational goals (Nada, dkk, 2020). The high risk that can occur and threaten the safety of workers requires protection of workers. Guarantees of certainty of labor rights and obligations are expressly regulated in Article 86 of Law Number 13 of 2003 concerning Employment which states that: "Every worker/laborer receives protection for work safety and health, morals and decency, treatment in accordance with human dignity and religious values."

To ensure that the work relations system continues in harmony without being accompanied by pressure from the strong party on the weak party (Ompusunggu, dkk, 2020). In order to protect the safety of workers in carrying out their work and achieve optimal work productivity, companies are obliged to implement provisions in accordance with statutory regulations and make efforts to prevent work accidents. This is generally referred to as occupational health and safety (K3) (Suardi, 2020).

The occupational safety program cannot be separated from the occupational health program, because these two programs are included in employee care (Suma'mur, 2009). The Occupational Safety and Health (K3) Program is a program system created for workers and employers as an effort to prevent work accidents and illnesses resulting from work relations in the work environment by identifying things that have the potential to cause work accidents and taking anticipatory action if such things happen (Anjani, 2014). Occupational Health and Safety (K3) is an effort to protect workers and other people who enter the workplace against the dangers of work accidents (Tarwaka, 2014). The aim of K3 is to prevent, reduce and even eliminate the risk of work-related diseases and accidents (KAK) as well as improving the health status of workers so that work productivity increases (Ayuningtyas, 2018).

The number of work accidents in Indonesia is still considered high. This is supported by data from the Ministry of Manpower which records an increasing trend in the number of work accidents in Indonesia which has continued to increase in recent years. According to the Minister of Manpower, throughout 2018 there were 157,313 work accident cases, or an increase compared to the 123 thousand work accident cases that occurred in 2017. The main cause of work accidents is the low awareness of the importance of implementing K3 among industry and society. So far, implementing K3 has often been seen as a cost or burden, not as an investment to prevent work accidents. BPJS Employment itself throughout 2018 has paid work accident claims worth IDR 1.09 trillion. This figure has increased compared to 2017, when the claim value was only IDR 971 billion, and 2016, when it was only IDR 792 billion (Widoyono, 2018).

One of the work safety problems in community health centers is the presence of sharp object injuries such as injection needles. This is a serious problem in the field of health work and is a work safety issue that must be faced by health workers in general. 27. Being pricked by a syringe is a risk because in carrying out treatment, syringes are one of the sharp objects most often used. Especially in patients with critical conditions (Kwanzaa, 2020).

Health must always improve the quality of service. Community Health Centers as part of Occupational Safety and Health (K3) are an effort to create a safe, comfortable working atmosphere and achieve the highest productivity goals. K3 in Health Service Facilities is an effort to guarantee and protect human resources in health service facilities, patients, patient companions, visitors and the community around the health service facility environment (Ministry of Health, 2018). One organization that must implement K3 is an organization

operating in the health sector, such as a community health center. Puskesmas is one of the basic health care facility service units which is the leading spearhead in public health services. Community Health Centers function as health-oriented regional development centers, primary individual health service centers, primary community health service centers and community empowerment centers. As a health service unit, it has various potential dangers that have a negative impact on health and non-health workers who work at the Community Health Center, patients, visitors and the surrounding community (Ministry of Health, 2016). Then how is the implementation of K3 for Health workers at Community Health Center B in Cirebon Regency.

II. RESEARCH METHOD

The approach used in this research is an empirical juridical approach (sociological juridical) because existing legal rules are a tool for studying and researching the extent to which these legal rules apply in society (Mukti, 2010). This method collects material through data obtained directly through interviews which focuses on analyzing the implementation of K3 Legal Protection for Health Workers at Community Health Center B, Cirebon Regency.

The type of secondary data was taken from a review of documents in the form of SOPs and written policies related to the Implementation of K3 Legal Protection for Health Workers at Community Health Center B, Cirebon Regency. The method of collecting or collecting data used in this research is conducting in-depth interviews, which is a process of obtaining information for research purposes by means of dialogue between researchers as interviewers and informants or those who provide information in the context of participant observation. Direct observation is direct observation or a visit to the place of activity directly, so that all ongoing activities or existing objects do not escape attention and can be seen in real terms. All activities, objects and supporting conditions can be observed and recorded. Document review, namely collecting documents and data needed for research problems and then reviewing them intensively so that they can support and increase trust and proof of an event. The results of interviews or observations will be more credible/trustworthy if supported by documents related to the research focus (Moleong, 2007).

III. DISCUSSION

At the implementation stage of K3 legal protection at the K3 planning stage, the researcher focused research on the implementation of K3 among health workers at the planning stage, implementation stage and Supervision, Monitoring and Evaluation stage at Puskesmas B Cirebon Regency in accordance with the Republic of Indonesia Minister of Health Regulation No. 52 of 2018 concerning K3 in Health Service Facilities.

1. Planning Stage

The K3 planning stages at Puskesmas B Cirebon district can be seen in the following table:

Table 1. Planning Stage

No	Assessment elements	Information
1	Community Health Center K3 Commitment and Policy	
	Written policy for implementing K3 Health Center	Done
	the Department's health center K3 implementation policy District/City Health	Done
	socialization by Head Public health center on moment health center K3 mini workshop	Done
	signing of the agreement by all employees Public health center	Not implemented

No	Assessment elements	Information
	Decree of the Head of the Community Health Center containing the scope of K3 implementation at the Community Health Center	accomplished
2	Establishment of an K3 Team at the Community Health Center	
	Health center K3 team	accomplished
	Team k3 Public health center set through Letter Decision of the Head of the Community Health Center	accomplished
	Organizational structure, duties and responsibilities are available answered each employee	accomplished
	The K3 team at the Community Health Center consists of at least a Chair, Secretary And Insurer Answer Service Health Work, Insurer Answer Means Infrastructure	accomplished
	The K3 team at the Community Health Center involves all room coordinators with health education backgrounds different	Not implemented
3	K3 planning at the Community Health Center	
	Matrix or Mapping of potential hazards for each room in Public health center	Not implemented
	planning for one year or for five years	Not implemented

2. Implementation Stage.

The results of research regarding the K3 implementation stage at Community Health Center B, Cirebon district can be seen in the following table:

Table 2. Implementation Stage

No	Assessment elements	Information
1	Prepare Standard Operational Procedures (SPO), signs, K3 instructions	
	SPO how to work/service	accomplished
	SPO tool management	accomplished
	SOP for use of PPE	accomplished
	SPO waste management	accomplished
2	K3 cultivation	
	Socialization of SPOs that have been prepared to all levels of Puskesmas officers according to location it works	accomplished
3	Provision of necessary facilities and infrastructure	
	Completeness of supporting facilities and infrastructure and support the implementation of K3	accomplished
	provide simple K3 tools (APAR, PPE, antiseptics, vaccines etc.)	accomplished
4	Occupational health services and emergency response	
	health checks before work, periodically and especially for health workers who are most at risk at Community Health Centers	accomplished
	Mapping environment place Work (area Which considered risky and dangerous)	No
	Prepare emergency response facilities and infrastructure	accomplished
	make evacuation exit signs	accomplished
5	Tool management	

No	Assessment elements	Information
	provision of certified Puskesmas equipment.	Done
	maintenance of health center equipment (calibration)	Done
6	Waste management	
	Provision facility For handling And solid waste management	Done
	Provision facility For handling And liquid waste management	Done
	Provision facility For handling And waste gas management	Done
	Provision facility For handling And medical waste management	Done
	Provision facility For handling And non-medical waste management	Done
7	Increased resource capabilities	
	Stage activity For increaseknowledge And Skills for officer Health Center in healthy and safe work	accomplished
	sending Puskesmas employees to undergo training	Done
	about infection prevention	
	training on tool management	Done
8	Monitoring and evaluation	
	inspection and testing in accordance with K3 objects Public health center	No
	Identify potential hazards in each space	No
	identify potential dangers in the community health center environment	No
	Classification of potential hazards	No
	Comparing the results of potential hazard classification with planning	No
9	Risk assessment	
	Risk assessment based on length of exposure	No
	Risk assessment based on frequency	No
	Risk assessment based on duration	No
	Risk assessment based on intensity	No
	Risk control	
	a. Promotional Efforts	
	Informing about potential dangers that exist in Puskesmas to all Puskesmas officers	Done
	Provide education about potential dangers in the work environment and health problems It arises	Done
	counseling on appropriate and correct use of PPE	Done
	Put up leaflets, posters and distribute brochures	Done
	Informing PHBS in the workplace	Done
	Carry out physical exercise, spiritual guidance, Recreation	Done
	b. Preventive Efforts	
	Application of the principle of prevention	Done
	Providing immunizations to health workers given taking into account the level of risk of transmission	Done
	Management of Puskesmas waste including waste disposal	Done
	Early detection through Medical Check Up (MCU)	Done
	a. Curative efforts	
	Management of work accidents	Done

No	Assessment elements	Information
	Management of injuries resulting from work accidents	Done
	Treatment for occupational diseases (PAK) follows guidelines for the management of occupational diseases	Done
	Make case referrals	Done
	b. Rehabilitative efforts	
	monitoring health status	Done
	health counseling	Done
	Recommendations for employee reassignment according to his abilities	Done
	stages of returning to work again after recovering from illness/work accident.	Done

3. Supervision, Monitoring and Evaluation Stages

The results of research regarding the Supervision, Monitoring and Evaluation Phase of K3 at Community Health Center B, Cirebon district can be seen in the following table:

Table 3. Supervision, Monitoring and Evaluation Stage

No	Assessment elements	Information
1	Supervision is carried out by the Puskesmas K3 Team Periodic	Not implemented
2	Monitoring K3 implementation stage items	Not implemented
3	Internal evaluation includes input, process and output using instruments	Not implemented

Based on the data in the table above, it can be seen that the implementation of K3 in Community Health Centers has not been optimal, because some have been implemented or carried out but some have not been implemented. Law Number 1 of 1970 concerning Work Safety states that companies have an obligation to protect worker safety by explaining to workers about: (1) Conditions and dangers of the workplace, (2) All safeguards and protective equipment must be used in the workplace, (3) Personal protective equipment for workers, (4) Safe methods and attitudes in carrying out work.

In order for the implementation of K3 activities at the Community Health Center to run according to standards, SOPs need to be prepared including: SOP for work/service methods, SOP for equipment management, SOP for use of PPE, SOP for waste management, etc. 97 After that, the Community Health Center is obliged to socialize the SPO that has been prepared to all ranks of officers.

IV. CONCLUSION

The implementation of K3 protection is not running optimally in accordance with applicable regulations, some have been implemented or implemented, but some are not. Among them was the failure to sign an agreement by all employees related to the K3 Health Center. The K3 team at Puskesmas B does not yet involve all room coordinators with different health educational backgrounds. There is no Matrix or Mapping of potential hazards for each room in the Community Health Center. There is no planning for one year or five years. As well as the implementation of K3 monitoring and evaluation, and K3 risk assessment for health workers at Puskesmas B, Cirebon district. SPOs should be prepared first, including: SOPs for work/service methods, SOPs for equipment management, SOPs for use of PPE, SOPs for waste management, etc. After that, the community health center is obliged to socialize the SPOs that have been prepared to all levels of staff.

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