

Analysis of the implementation of the safety and health management system (SMK3) at The Sentani Community Health Center, Jayapura Regency

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Abstract

Purpose: This research aims to analyze the implementation of the occupational safety and health management system at community health centers to determine the achievements of the implementation of occupational safety and health by looking at the indicator system from K3 policy, K3 planning, K3 implementation as well as K3 monitoring and evaluation at the Sentani Community Health Center, Jayapura Regency. **Methods:** This type of research uses qualitative case study methods. The subjects of this research were health workers at the Sentani Community Health Center, Jayapura Regency, with a sample size of 10 respondents. The data collection technique is a triangulation technique involving observations, in-depth interviews, and documentation studies. The tool used is a questionnaire. **Results:** The research shows that community health centers must fully implement an occupational safety and health management system. Based on the results of observations and interviews, it was found that the health center still needs to have a written K3 commitment and policy based on the SK—head of Pukesmas. There has been no significant risk research in determining K3 planning. The implementation of K3 at health centers has been implemented through health services, fire control and prevention, and the provision of K3 facilities and infrastructure. Monitoring and evaluation in implementing K3 still need to record and report on planning, implementation, or recording cases of work-related accidents (KAK) and work-related diseases (PAK) at health centers. **Conclusion:** The safety and health management system must still be fully implemented. The need to review and analyze work risks for workers and the environment and become a benchmark in making K3 policy commitments at health centers in implementing occupational safety and health management systems

Keywords: health centers; ministerial regulation of the minister of health number 52 of 2018; occupational safety and health management system

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INTRODUCTION

A public health center is a first-level health service facility that prioritizes promotive and preventive efforts to raise the highest level of health. In providing

health services at community health centers, health workers are often exposed to potential biological hazards contained in blood or other body fluids from the patients they deal with daily. Community health centers have potential dangers that affect staff, patient

visitors, and the surrounding community. Potential hazards include physical, chemical, biological, ergonomic, and psychosocial hazards. Potential biological hazards are the hazards that most often cause health problems in Community Health Centers [1].

Based on data from the Occupational Safety and Health Administration (OSHA) in 2013, it was stated that the causes of injuries to health workers include fatigue due to movements related to handling patients (48%), sprains or falls (25%), contact with dangerous equipment (13%), acts of violence from patients (9%), exposure to dangerous substances (4%), and other cause [2]. In Indonesia, one recent study in 2022 found that occupational safety and health risk factors in health service facilities at Public Health Centers consisted of physical, chemical, biological, and ergonomic hazard factors [3].

Potential dangers are caused by biological factors (viruses or germs originating from the patient), chemical factors (exposure in small doses but continuously, such as antiseptics on the skin or anesthetic gas on the liver), ergonomic factors (wrong way of sitting, how to lift the patient), and psychological factors (emergency patient admission).

Occupational safety and health (K3) are fundamental human rights. According to Government Regulation No. 50 of 2012 concerning the Implementation of Occupational Safety and Health Management Systems, Public Health Centers, as the spearhead of the national health service system, have a vast and strategic role in improving public health [4].

In an effort to implement K3 at Community Health Centers, it is made in Minister of Health Regulation No. 52 of 2018 concerning occupational safety and health in health service facilities. The health management system includes establishing K3 policies, K3 planning, K3 planning, implementing K3 plans, monitoring and evaluating, and reviewing and improving K3 performance in health facilities. Implementation of K3 in health facilities, namely, risk identification, application of standard precautions, application of ergonomic principles, periodic health checks, provision of immunizations, cultivation of clean and healthy living behavior in health service facilities, management of facilities and infrastructure from the K3 aspect, management of medical equipment from the safety aspect and occupational health, preparedness for emergency or disaster conditions, including fire (Emergency Response Plan), management of hazardous and toxic materials and hazardous and toxic waste, and management of medical waste.

Sentani Health Center has attempted to implement applicable health service quality standards. However,

policies forming the basis for health quality assessment guidelines have changed. This study encourages determining whether the Health Center has implemented the latest policies following the updated standards based on laws and regulations and the revised Health Center accreditation criteria according to the Minister of Health Regulation Number 52 of 2018.

Considering that the Public Health Center is the spearhead of public health services and the Community Health Center is the first level of health service, it is essential to prioritize the implementation of an occupational health and safety management system in the work environment as a form of controlling the risk of accidents and work-related diseases that threaten health workers, patients and visitors.

METHODS

This type of research uses qualitative case study methods. The subjects were health workers at the Sentani Community Health Center, Jayapura Regency, with a sample size of 10 respondents. The data collection technique is triangulation, which involves conducting observations, in-depth interviews, and documentation studies. The tool used is a questionnaire.

RESULTS

Respondent characteristics

Table 1. Respondent characteristics

Informa- tion	Gender	Age	Education	Job	Term of office
1	Male	38	S1	Kepala puskesmas Sentani	5 month
2	Male	52	D3	PJ. Sanitasi dan K3	24 years
3	Female	51	D3	PJ. Loket	2 month
4	Male	35	S1	PJ. Apotik	9 years
5	Male	40	D3	PJ. UGD	5 years
6	Female	48	D4	PJ. Ruang bersalin	7 years
7	Female	51	D3	PJ. Lab	3 years
8	Female	48	S1	PJ. TB	8 years
9	Female	44	S1	PJ.HIV	1 years
10	Female	36	D3	Jurim (Imunisasi)	14 years

K3 policy commitment

One of the duties and responsibilities of the head of the puskesmas is to form a K3 team and commit to a K3

policy that follows the standards for implementing K3 in the health service facility. Puskesmas Sentani still needs a written commitment but has provided education about K3 through emergency response training.

“Policy-making on OHS itself may not have been limited to training.”

The health workers on duty at Sentani Health Center understand the importance of implementing K3 in ensuring the safety and health of workers who perform health services to patients who come to the health center or perform services in the community.

“K3 is important to prevent the transmission of disease to patients and health workers, for the K3 team itself this is included in PPI (prevention of infectious diseases) but there is no written policy yet.”

Although it does not yet have a written policy and commitment, the Puskesmas continues to be committed to completing the policy in improving health services at the Puskesmas and protecting every worker from the risk of occupational diseases and occupational accidents.

K3 planning

The head of Sentani Health Center has planned K3 planning even though not all planning indicators are by Permenkes 52/2018.

“To manage this risk, I have just planned K3 training for the use of buoys with BARSARNAR for use according to SOAP, then BPBD and DAMKAR for the use of fire extinguishers, gathering points and simulations, I have made a letter, because it is in chapter 1 for the formation of FMK (facility and health management), in which one of them is the disaster management and kebakakran planning team.”

Puskesmas have their own Standard Operating Procedures (SOPs), from registration/medical record services to poly services (general, dental, laboratory, emergency, pharmacy, nutrition, TB birthing room).

K3 implementation

a. Health service

Health services at the Sentani Health Center have yet to be carried out thoroughly for every health worker.

“Health services for health center workers do not yet exist. There are no special examinations for workers at risk. Maybe for now, there is, but no one reports. Maybe the injuries are light. Training is usually conducted by the district health office.”

“There are health services here, once there was a health worker who experienced an illness, at that time he was immediately examined at the Puskesmas lab, there is also training, if surveillance exists but we don't know the results, there is no special team for special health checks.”

Although periodic health checks are not well scheduled, the health center has made efforts to provide immunizations and implement clean and healthy living behaviors at the Puskesmas.

b. Fire prevention and control

Fire prevention and control at the health center have been carried out through training and providing facilities and infrastructure. However, not all health workers have attended training, so many do not understand and cannot control and prevent fires.

“A team has just been formed for fire control, the MFK team. There has yet to be a summary of evacuation routes during a fire, but we have provided evacuation route signs, gathering points, and fire extinguishers. Shortly, we will conduct fire control training.”

The lack of workers' awareness of occupational safety and health management in fire control and prevention affects unsafe working attitudes in the work environment.

“For fire control, it is only my socialization, but there is no simulation yet. But the simulation is being planned.”

c. K3 facilities and infrastructure at the health center

The implementation of OSH in providing health service facilities is very adequate

“For the completeness of facilities and infrastructure, one of them is masks, which are provided in the pharmacy socket, gloves, fire extinguishers.”

Several efforts have been made in processing facilities from the K3 aspect to ensure the availability of facilities by the Permenkes 52/2018 standards.

Monitoring and evaluation

OHS monitoring and evaluation of OHS implementation has yet to be carried out optimally at Sentani Community Health Center.

“There is no data on health workers, maybe the injuries are light, the work accident reporting that we have is only data for tela masons, welders, basically those who have workers at risk of monitoring and evaluation.”

DISCUSSION

K3 Policy Commitment

Results of observations and interviews show that the Public Health Center Sentani does not yet have policy K3 commitment written. The determination commitment policy is only in oral/verbal communication. This means these policies were still sectoral (sporadic) during this period, not yet by the standard accreditation health center and Minister of Health Regulation Number 52 of 2018.

A leader has the duty and responsibility of forming a K3 commitment policy. The leader should draft a K3 Policy Decision and place it in several rooms so that every visitor and work member can see information about the purpose of making the K3 policy a target to be achieved in service [5].

K3 health facilities consist of field health, employment, environment, and education, all with separate rules. One of the K3's instruments, namely, arranges neighbor law so that its implementation must follow what is written. Because in the Minister of Health Regulation Number 52 of 2018, state formation commitment is obligatory and has a penalty. Invite the shrimp you have aspect repression and prevention must Correct- Correct carried out consistently.

Implementing regulations that are based on their initial objectives will produce a positive impact. However, if regulations are only implemented as a formality, the results may differ from what is expected. For example, if a hospital only focuses on accreditation without paying attention to the essence of service, the resulting quality may not be optimal. Likewise, if work safety rules are only used as symbols without genuine efforts to reduce risks, then the primary goal of preventing work accidents will not be achieved [6].

K3 planning

Results of observations and interviews show that Sentani is already walking in terms of planning safety and health work at the health center. However, it could be more optimal. The researcher found, "No, There is planning in a way write, no, There is document identification risks, which are identified risks that become base in make internal K3 planning control potency Dangers and risks of K3 SiPublic health center Sentani."

In arranging plan safety and practical work, facility service health needs to consider regulation legislation—invitation, condition Actual field, and results identification appropriate risk with condition facility service health [7].

Implementing safety and health programs (K3) at the health center has significantly impacted various ways. By effectively implementing the K3 program, a Public health center can create a safe and healthy environment for all Pigak, increasing trust in society and performance in service health whole [8].

K3 Implementation

a. Service health

The results of observations and interviews show that health implementation at the Sentani Health Center is already underway; however, it could be more optimal.

Periodic health inspection is a routine process of evaluating one's health. The aim is to detect disease or health conditions early, provide intervention and prevention, and monitor overall health development. Health inspection can be done by a doctor or a power health other [7].

Health inspections can be customized periodically according to risk factors such as individual, age, type, gender, and family health history. Prevention and treatment carried out early can wholly guard health with appropriate action [8].

b. Prevention and control of fire

Prevention and control fire investigation fire at the health center Sentani is Already adequate with available fire extinguisher facilities, lanes evacuation, period gathering, and training simulation blackout fire by the department extinguisher fire. Emergency or fire disasters are significant for all facility health. Preparedness fire protects patients, visitors, and staff health [9].

Ready standby face fire facilitated health is a comprehensive effort covering several important aspect

This includes periodic monitoring and evaluation of preparedness, provision and maintenance of fire-adequate data extinguishers, and routine supervision of the environment's condition.

Active participation from power medical, staff administration, and all parties in ensuring safety and health with a comprehensive approach can increase the ability to prevent, respond to, and handle emergency fire situations effectively [10].

c. K3 facilities and infrastructure at health centers

Provision facilities and infrastructure at health centers Sentani is Already remarkably adequate with its availability of tool protector self (APD), facilities service general (room breast milk, public toilets, places parking, place rubbish general and space wait for patients) as well easy location of the health center building For visited.

Adequate facilities and infrastructure at the Community Health Center can support worker productivity and facilitate work completion [11].

Management facilities and infrastructure health from the K3 aspect is an integral part of the effort to create an environment of safe, healthy, and sustainable work. Dena involves all staff in the effort. This will support creating a culture of strong safety and health-facilitated health [12].

Monitoring and evaluation

Monitoring and evaluation at the Sentani Community Health Center have been implemented with a system for recording and reporting the incidence of work accidents and occupational diseases and documentation of this reporting.

Monitoring and evaluating the implementation of K3 in the puskesmas can be conducted periodically by the identified risks or continuously to facilitate the implementation process and provide appropriate decisions or policies [13].

The K3 team implements monitoring and evaluation by taking corrective actions to determine and make reports [14].

CONCLUSION

Implementing the occupational safety and health management system greatly affects the quality of health services at the puskesmas and the accreditation of the puskesmas. Implementing the k3 management system at the Sentani puskesmas is still not optimal even though several indicators have been implemented. Overall, Sentani Health Centers must take comprehensive care of the k3 management system from structural aspects,

planning, and implementation to maintenance and evaluation to improve occupational safety and health for all staff and visitors to the health center.

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