

Occupational Safety and Health Management System (OSHMS) in Health Care Facilities of Sekadau Health Center, Sekadau Hilir Subdistrict

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ABSTRAK

Background: Health services in Health Care Facilities (Fasyankes) have high risks related to the safety of patients and health workers, which can trigger occupational accidents. Risk control through the implementation of the Occupational Safety and Health Management System (OSHMS) is needed to create a safe and healthy work environment. **Objective:** This study aims to identify and evaluate the implementation of occupational health and safety management systems in health care facilities, especially in Sekadau Health Center. **Methods:** This research is a descriptive study with a crosssectional design. Data were collected through observation and validated based on interviews with occupational health program holders, health and safety programs, and doctors. **Results:** This study shows that the implementation of the Occupational Safety and Health Management System (OHSMS) at the Sekadau Health Center mostly runs quite well, especially in policy setting, planning, and reviewing and improving OHS performance. The implementation of the OHS Plan has gone very well. However, weaknesses were found in monitoring and evaluating OHS performance. **Conclusion:** It is recommended that the Sekadau Health Center strengthen monitoring and evaluation of OHS performance by adding resources and experts in the field of occupational safety and health, to ensure a more thorough and sustainable implementation.

ARTICLE INFO

Article History:

Submitted April 28, 2024

First Revision May 08, 2024

Accepted May 20, 2024

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Keywords:

Occupational Safety,
Occupational Health,
Evaluation, Health Center.

1. INTRODUCTION

The occupational safety and health management system, also known as OSHMS, is a management system that functions to regulate occupational safety and health in industry or buildings¹. work accidents are an unexpected event that can ultimately harm humans, damage property, or harm to the work process².

Regulation of the Minister of Health of the Republic of Indonesia number 52 of 2018 concerning occupational safety and health in Health Care Facilities, occupational safety and health management systems in health care facilities called OSHMS in health facilities / health service facilities are places used to organize health efforts both promotive, preventive, curative, and rehabilitative carried out by the central government, local government or the community³.

Based on article 28 H paragraph (1) of the 1945 Constitution regarding the provision of health care facilities and public health service facilities is part of the health resources that are indispensable in supporting the implementation of health efforts is the health center⁴. According to Permenkes RI No. 75 of 2014 concerning community health centers (Puskesmas) is a health service facility that organizes first individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in its working area⁵.

According to data from the International Labor Organization (ILO) 1 worker in the world dies every 15 seconds due to workplace accidents, every year more than 250 million cases of workplace accidents, 160 million workers are sick due to workplace hazards and 1.2 million workers die from accidents and illnesses at work⁶. A study in Semarang district, where there are 26 health centers, only 4 health centers (15%) have functional personnel in the field of occupational health, who must also perform concurrent duties with other jobs on a daily basis. As for other studies in West Java Province, that the incidence of work-related needle sticks (32.8%), knife cuts (3.3%), injuries (24.5%), and splashes of blood and other body fluids (39.4%)⁷. The parallel research shows that Puskesmas X Semarang City is known that 71.43% have been pricked by needles, 57.14% have been knocked or hit while working⁸.

Based on a survey conducted with the person in charge of the Puskesmas occupational health service, that the Sekadau Puskesmas has been running this program since accreditation in 2017, but has not been able to run optimally, even though the person in charge of this program does not have K3 education qualifications they are given concurrent duties to manage the K3 program. Based on the results of preliminary studies at the Sekadau Health Center on 10 respondents, 50% of respondents stated that they had been exposed to blood splashes and patient body fluids, 10% had been injured while working, and 60% felt tired while working, and 50% had been pricked by needles, knocked over, and even fell while working, and 80% of workers had complained of muscle aches and pains while working.

According to the laws and regulations, everyone has the right to protection against the risk of occupational accidents and occupational diseases, as well as health facility human resources, patients, patient companions, visitors and the community around the health facility environment. Therefore, there is a need for occupational safety and health efforts in health service facilities by implementing an occupational safety and health management system (OSHMS) in health facilities, especially the Sekadau Health Center. So the researcher is interested in conducting research with the title occupational health safety management system in the health services of the Sekadau Health Center, Sekadau Hilir Subdistrict.

2. METHODS

This study used a quantitative approach with descriptive methods. The research was conducted in June 2023 at the Sekadau Health Center, Sekadau Hilir Subdistrict, Sekadau Regency.

Data collection in this study was carried out through direct observation and assessment of the implementation of the Occupational Health and Safety (OHS) Program in Health Service Facilities, based on the guidelines set out in the Regulation of the Minister of Health of the Republic of Indonesia Number 52 of 2018.

The study sample consisted of three people, namely the OSH Program holder, the Environmental Health Program holder, and a doctor. The five variables evaluated in this study include: (1) the establishment of OHS policies in health facilities, (2) OHS planning in health facilities, (3) implementation of OHS plans in health facilities, (4) monitoring and evaluation of OHS performance, and (5) review and improvement of OHS performance. The first, second, fourth, and fifth variables were collected through observation and assessment from the OHS Program and Environmental Health Program holders, while the third variable was obtained from the Environmental Health Program holders and doctors.

3. RESULTS

The results in this study are presented in tabular form and displayed with each variable and its indicators as follows:

Table 1 Univariate Analysis of OHS Policy Setting Variables

Establishment of OHS Policy	Description			Score	Percent (%)	Category
	Not yet	Some	Already			
Establishment of policies and objectives for the health facility's occupational health and safety program in writing.		√		5	25	Simply
Organizing occupational safety and health in health facilities		√		5	25	
Total Score				10	50	

Source: Primary Data, 2023

Based on table 1 on the variable K3 policy setting that the establishment of policies and objectives for the K3 program at the puskesmas in writing has been partially implemented. That is, there has been socialization regarding K3, in the form of appeals which are given the appointment of the responsibility of the management section so that it is given a weighted score of 5 with a total score of 10.

Table 2 Univariate Analysis of OHS Planning Variables

OHS Planning	Description			Score	Percent (%)	Category
	Not yet	Some	Already			
Risk identification or mapping		√		5	25	Simply
Preparation of OHS Activity Planning based on a mutually determined time.		√		5	25	
Total Score				10	50	

Source: Primary Data, 2023

Based on Table 2 related to OHS planning variables that risk identification or mapping has been partially carried out, namely physical risk identification, but has not been carried out as a whole regarding the risks of hazards at the health center such as ergonomic hazards, chemical hazards, biological hazards, psychosocial hazards and the potential for work accidents at the health center so that it is given a score of 5 with a percentage of 50%.

Table 3 Univariate Analysis of OHS Plan Implementation Variables

No.	Implementation of the OHS Plan	Score	Percent (%)	Category
1.	Recognition of potential hazards and risk control	25	62,5	Very Good
2.	Implementation of standard precautions	5	50	
3.	Principles of ergonomics	30	60	
4.	Periodic Health Checks	5	50	
5.	Immunization	10	100	
6.	Acculturation of clean and healthy living behavior	120	100	
7.	Management of facilities and infrastructure from the aspect of Occupational Safety and Health	165	90,7	
8.	Management of medical equipment from the aspect of occupational safety and health	60	99,6	
9.	Emergency or disaster preparedness, including fire (emergency response plan)	15	37,5	
10.	Hazardous and toxic materials management hazardous and toxic waste	80	100	
11.	Domestic waste management	50	100	
Total Score		565	85,3	

Source: Primary Data, 2023

Based on Table 3 related to the variable implementation of the K3 plan, the smallest score of 15 is on the indicator of preparedness for emergencies or disasters, including fire (emergency response plan), and the highest score is on the indicator of acculturation of clean and healthy living behavior, so that the total score of the variable implementation of the K3 plan is 565 with a sufficient category.

Table 4 Univariate Analysis of OHS Performance Monitoring and Evaluation**Variables**

OHS Performance Monitoring and Evaluation	Description			Score	Percent (%)	Category
	Not yet	Some	Already			
Regular workplace inspections		√		5	8,3	Less
Inspections carried out by the health facility's OHS team/ OHS manager	√			0	0	
Input from officers performing duties at the place under inspection		√		5	8,3	
A workplace check list has been developed for use during inspections.		√		5	8,3	
Corrective actions are monitored to determine their effectiveness	√			0	0	
Inspection report submitted to the head of the health facility or the person in charge of the health facility.		√		5	8,3	
Total Score				20	33,3	

Source: Primary Data, 2023

Based on Table 4 related to the OHS Performance Monitoring and Evaluation variable at the Puskesmas, most of them have been implemented with 4 indicators seen, but there are 2 indicators that have not been implemented in monitoring and evaluating OHS performance, namely inspections carried out by the OHS team / OHS manager of the health facility, and the absence of corrective actions monitored to determine their effectiveness so that the total score value is 20 with a percentage of 33.3%, namely the sufficient category.

Table 5 Univariate Analysis of OHS Performance Monitoring and Evaluation Variables

OHS Performance Review and Improvement	Description			Score	Percent (%)	Category
	Not yet	Some	Already			
There is a commitment and policy of the health facility leaders as outlined in the commitment sheet.	√			0	0	Simply
There is a decision letter of the OHS team in the health facility or the appointment of an OHS manager in the health facility.		√		5	8,3	
Existence of work plans related to OSH in health facilities		√		5	8,3	
There is support for trained resources, allocation of funds, facilities and infrastructure for K3 supporting equipment in health facilities.		√		5	8,3	
The existence of standard operating procedures that meet the principles of occupational safety and health in the implementation of activities.		√		5	8,3	
OHS standards in health facilities that have been implemented by health facilities		√		5	8,3	
Total Score				25	41,6	

Source: Primary Data, 2023

Based on Table 5 related to the variable review and improvement of K3 performance at the Puskesmas, most of them have been implemented, but the 5th indicator, namely the standard operating procedures that meet the principles and occupational health in the implementation of activities, is still not fully running to the maximum so that it is given a total score of 25 with a percentage of 41.6% with a sufficient category.

4. DISCUSSION

a. OHS Establishment and Policy

The establishment of policies and objectives for the Occupational Safety and Health (OSH) program in health care facilities is an important element in creating a safe and healthy work environment. Based on the results of research at the Sekadau Health Center, the establishment of OSH policies has mostly begun to be implemented, but has not fully complied with the standards stipulated in PERMENKES RI No. 52/2018. One of the concerns is the absence of a policy that is written and known by all human resources (HR) in the health facility and visitors.

In fact, the regulation emphasizes that the OSH policy must be written and signed by the highest leadership. This policy must be disseminated, integrated with the health facility's policies, and placed in a strategic place so that it can be seen by all parties involved, both health facility human resources and visitors.³. Incompleteness in establishing this written policy can cause the implementation of the OHS program to not run optimally. This is due to the limited trained human resources within the health center, which results in a lack of knowledge about the importance of OSH policies.

The results of this study also showed that the organization of OSH at the Sekadau Health Center also did not fully meet the requirements. The health center has appointed one person as the OSH manager, but does not have a structured OSH team or a leadership decree that regulates the organizational structure, job descriptions, and responsibilities related to OSH. According to PERMENKES No. 52/2018, the establishment of an OHS team or the appointment of an OHS manager is very important to ensure the effective implementation of the OHS program.³. At the Sekadau Puskesmas, the absence of an OHS team and the lack of training for OHS managers hindered the establishment of a clear organizational structure, potentially affecting the efficiency and success of OHS implementation.

The importance of a written OHS policy and the establishment of an OHS team is not only to comply with regulations, but also to improve work quality and productivity. Work efficiency and quality can be achieved through human resource development, such as organizing training, socialization, and counseling programs that focus on improving expertise in their respective fields of work. Without a clear policy and organizational structure, efforts to achieve maximum occupational safety and health will be difficult to realize.⁹.

b. Health facility OHS planning

1) Risk Identification and Mapping

Based on the results of the study, the results of observations and interviews on OHS Planning at the Sekadau Health Center with indicators of risk identification or mapping have been partially implemented / carried out, namely the identification of the hygiene of the Puskesmas environment, but other risk identification has never been done. According to the laws and regulations

concerning Occupational Safety and Health in Health Care Facilities, effective planning in Health Care Facilities must be made in order to achieve the successful implementation of OSH in Health Care Facilities with clear and measurable targets. The preparation of OHS planning in health care facilities must take into account existing laws and regulations and be based on the results of risk identification in accordance with the provisions of laws and regulations.³

The Sekadau Health Center has not fully met the requirements, the reason why it has not met the requirements of the risk identification or mapping indicators is because it does not yet have specially trained resources for Occupational Health activities within the Health Center so there is still a lack of knowledge to carry out OHS mapping at the Health Center. The OHS plan and OHS policy are set by a team that has not yet been formed. The role of the workforce is only in the form of input or suggestions regarding OHS. This has caused the OHS policy and OHS planning not to be fully implemented significantly.¹⁰. As a result, it is not possible to make a K3 plan as according to the laws and regulations on occupational safety and health in health facilities.

2) Compilation and planning of OHS activities based on a mutually determined time.

Based on the results of the study, the results of observations and interviews on OHS Planning at the Sekadau Health Center with indicators of the preparation of planning for Puskesmas OHS activities have been partially implemented / carried out, namely hygiene planning, but the preparation of other OHS activities has not been fully carried out.

According to the laws and regulations concerning Occupational Safety and Health in Health Care Facilities.³The Sekadau Health Center has not met the requirements, because it does not yet have trained resources to carry out K3 activities within the health center so that there is still a lack of knowledge to carry out the preparation of K3 Activity Planning at the Health Center. As a result, there is a lack of protection of health workers, due to a lack of knowledge about occupational health risks faced by every worker.

The preparation of OHS planning in health facilities must pay attention to laws and regulations, existing conditions, and based on the results of risk identification in accordance with the provisions of laws and regulations in order to achieve the successful implementation of OHS in health facilities with clear and measurable goals.¹¹.

c. Implementation of OSH Plan in Health Facilities

1) Introduction to Potential Hazards and Risk Control in Health Facilities

Based on the results of the study, the results of observations and interviews on OHS Planning at the Sekadau Health Center with indicators of potential hazard recognition and Risk Control in Health Facilities have been partially implemented or carried out, namely identification of potential hazards, PPE, risk assessment, and risk control, which are carried out by people in the field of health, but other potential hazards other than environmental hygiene, such as the potential for work accidents, have not been carried out.

According to the laws and regulations concerning Occupational Safety and Health in Health Care Facilities³risk identification, risk assessment and risk control. The Sekadau Health Center has not fully met the requirements, because

the health center does not yet have trained resources and supporting documents to carry out this activity so that there is still a lack of knowledge of the introduction of potential hazards in the health facility environment. As a result, there are risks to the safety and health of health facility human resources, patients, patient companions, visitors, and the community around the health facility environment.

The results of research in line with this study show that to determine the priority of risk level control, it is necessary to recognize potential hazards or identify hazard risks, risk control efforts are carried out according to the hierarchy through technical, administrative and PPE use controls.¹².

2) Implementation of standard precautions

Based on the results of the study, the results of observations and interviews at the K3 Planning at the Sekadau Health Center with indicators of the application of standard precautions have been partially implemented Preventive efforts against transmission of infection and exposure to chemicals in patient care in health facilities, such as maintaining hand hygiene, the existence of PPE according to work, decontamination of patient care equipment, environmental control, waste management, and maintaining breath hygiene or cough and sneeze ethics, as well as the practice of rumbal, but the Health Center is still lacking in implementing Officer Health protection.

According to the laws and regulations concerning Occupational Safety and Health at the Puskesmas Health Care Facility³The reason why it has not fully met the requirements of the indicator of trained implementation of standard precautions is because it does not have the resources to carry out OHS activities for the implementation of standard precautions so that the lack of knowledge about OHS to carry out standard precaution planning as stated in the Permenkes on Guidelines for Infection Prevention and Control in Health Facilities.¹³. As a result, the work environment is less safe and comfortable for health center workers, patients, patient companions, and visitors at the health center. As a result, the work environment is less safe and comfortable for health center workers, patients, patient companions, and visitors at the health center.

3) Application of Ergonomic Principles

Based on the results of the study, the results of observations and interviews on K3 Planning at the Sekadau Health Center with indicators of the application of ergonomic principles have been partially applied or carried out by the health center by looking at the parameters, namely, manual handling, work posture, work methods, work shifts, work duration, workspace layout which only adjusts the conditions of room adequacy. but has not fully paid attention to or adjusted existing regulations regarding ergonomic principles.

According to the Legislation on Occupational Safety and Health at the Puskesmas Health Service Facility³The reason why it has not fully met the requirements of the indicators of the application of ergonomic principles is because it does not yet have trained resources, and is still in the process of repairing the construction of the room during this research to carry out K3 activities for the application of ergonomic principles so that there is a lack of knowledge about the application of ergonomics.

There is no document on the application of ergonomic principles because it is still in the planning program for development so that at the time the research was conducted there had not been any changes to the application of ergonomic principles that adjust to the laws and regulations. As a result, there is a risk of occupational accidents or occupational diseases for puskesmas workers, patients, patient companions and visitors to the sekadau puskesmas.

4) Periodic Health Checks

Based on the results of the study, the results of observations and interviews on K3 Planning at the Sekadau Health Center with indicators have partly implemented or carried out periodic health checks which are carried out at least once a year by taking into account occupational risks, by determining parameters: type of work, work process, potential risk of health problems due to work and work environment, but do not yet have a record of reports on Occupational Health for human resources so that they cannot see how the health status of health center human resources in detail, but this activity was carried out during the covid-19 pandemic.

According to the laws and regulations regarding Occupational Safety and Health at the Puskesmas Health Care Facility³The reason why it has not fully met the requirements of the Periodic Health Check indicator is because it does not have trained resources so that there is a lack of socialization regarding the importance of periodic health checks to be carried out and knowledge. As a result, it is not known how the health of puskesmas personnel is so that there is a risk of occupational accidents or occupational diseases for puskesmas workers, patients, patient companions and visitors to the Sekadau puskesmas.

5) Immunization

Based on the results of the study, the results of observations and interviews on the Implementation of OHS Planning at the Sekadau Health Center with indicators of immunization provision at the Sekadau Health Center have been implemented / carried out, such as vaccines for health workers during the co-19 pandemic. According to the laws and regulations concerning Occupational Safety and Health in Health Care Facilities, the Sekadau Health Center has met the requirements.³The Sekadau Puskesmas has met the requirements for indicators of immunization for human resources at the Puskesmas.

6) Acculturation of Clean and Healthy Living Behavior in Health Facilities

Based on the results of the study, the results of observations and interviews on the Implementation of OHS Planning at the Sekadau Health Center with indicators of immunization provision at the Sekadau Health Center have been implemented with the parameters seen, namely applying work rules and operating procedures, using personal protective equipment according to their work, not smoking in the workplace, doing physical activity and exercise regularly, consuming healthy food and drinks, using clean water, washing hands with soap and running water, disposing of garbage in its place, using a toilet when defecating and urinating, not consuming drugs, not spitting in any place, eradicating mosquito larvae. According to the laws and regulations on occupational safety and health in health care facilities, the health center in

Sekadau has met the requirements.³The Sekadau Health Center has met the requirements for indicators of Acculturation of Clean and Healthy Living Behavior in Health Facilities.

7) Management of facilities and infrastructure from the aspect of occupational safety and health

Based on the results of the study, the results of observations and interviews on the Implementation of OHS Planning at the Sekadau Health Center with indicators of management of facilities and infrastructure from the aspects of occupational safety and health have been partially implemented / carried out with parameters that have not been implemented, namely not ensuring the ability of the building to prevent and overcome fire hazards and lightning hazards, fire protection and hazard warnings do not yet exist, monitoring the functioning of infrastructure which includes a grounding system (earthing system), and has not been fulfilled in ensuring the completeness of infrastructure in buildings for the public interest including the provision of communication and information.

According to the Legislation on Occupational Safety and Health in Health Service Facilities³The Sekadau Health Center has not fully met the requirements, the reason why it has not fully met the requirements of the management indicators of facilities and infrastructure from the K3 aspect is because it does not have trained resources to carry out this activity so that there is still a lack of knowledge about K3. K3 facilities and infrastructure can be in the form of hazard warnings, K3 postures, or K3 training in accordance with previous research that socialization in the form of K3 promotion posters and posters on the use of PPE, there are only a few health promotion posters.⁴.

8) Medical Equipment Management from an OHS Aspect

Based on the results of the study, the results of observations and interviews on the Implementation of OHS Planning at the Sekadau Health Center with indicators of medical equipment management from the OHS aspect have been implemented/implemented with the parameters seen, namely the availability of an inventory list of all medical equipment, ensuring the marking of medical equipment used and not used, ensuring that function tests and equipment trials are carried out, ensuring that regular calibration is carried out, ensuring that maintenance is carried out on medical equipment, storage of medical equipment and its use according to standard operating procedures. According to the laws and regulations concerning Occupational Safety and Health in Health Care Facilities, the Sekadau Health Center has met the requirements.³ The Sekadau Health Center has met the requirements for medical equipment management indicators from the aspects of Occupational Safety and Health (K3).

9) Emergency or disaster preparedness, including fire (emergency response plan)

Based on the results of the study, the results of observations and interviews on the Implementation of OHS Planning at the Sekadau Health Center with indicators of Preparedness for emergencies or disasters, including fire, have been partially implemented or carried out with parameters that have not

been carried out passive fire protection. According to the laws and regulations concerning occupational safety and health in health care facilities, the Sekadau Health Center has not fully complied with the regulations.³The reason why it has not fully met the requirements of the indicator Preparedness for emergencies or disasters, including fire is because it does not yet have trained resources to carry out this activity so that there is a lack of knowledge about preparedness for emergencies or disasters, including fire.

10) Management of hazardous and toxic materials and hazardous and toxic waste

Based on the results of the study, the results of observations and interviews on the Implementation of OHS Planning at the Sekadau Health Center with indicators The management of hazardous and toxic materials and hazardous and toxic waste has been implemented/implemented with the parameters seen, namely the identification and inventory of hazardous materials and waste. the existence of storage, packaging. And maintenance of materials according to their characteristics, properties, and quantities. Availability of safety data sheets in accordance with the characteristics and nature of hazardous materials and waste. Availability of spill/leak emergency system for hazardous materials and waste. Availability of safety facilities for hazardous materials and waste such as spill kits, signs, and hazardous waste symbols and others. Ensure the availability and use of personal protective equipment according to the characteristics and nature of hazardous waste materials. Availability of material and hazardous waste safety facilities such as spill kits, signs, and hazardous waste symbols and others. Ensure the availability and use of personal protective equipment according to the characteristics and nature of hazardous waste materials.

The availability of standard operating procedures that ensure work safety in the process of hazardous material and waste management activities (reduction and sorting, storage, transportation, burial and landfill of hazardous materials and waste). If carried out by a third party, it is obligatory to make an agreement on job security guarantees for managers and health facilities due to the failure of hazardous material and waste management activities carried out. According to the laws and regulations on occupational safety and health in health care facilities, the health center in Sekadau has met the requirements.³The Sekadau Health Center has met the requirements for indicators of hazardous and toxic material and hazardous and toxic waste management.

11) Domestic Waste Management

Based on the results of the study, the results of observations and interviews on the Implementation of OHS Planning at the Sekadau Health Center with indicators Domestic waste management has been implemented / implemented with the parameters seen, namely the provision of segregated bins between organic and non-organic and non-organic and equipped with lids. The trash can is covered by a black lastic bag. Provision of masks, garden gloves / rubber gloves and boots for cleaning staff. Wash hands with soap after managing waste. In case of contact with sharp objects or injuries due to oath discharges,

it is required to report to the health officer to investigate the possibility of infection and take preventive measures such as administering tetanus toxoid (TT) vaccines to cleaners.

Based on the laws and regulations regarding occupational safety and health in health care facilities.³The Sekadau Health Center has met the requirements for domestic waste management indicators. Based on previous research, it also states that hazardous waste management, especially solid medical waste, uses a 3rd party while liquid and domestic medical waste can be managed by themselves.

d. OHS Monitoring and Evaluation in Health Facilities

Based on the results of the study, the results of observations and interviews on monitoring and evaluating OHS performance at the Sekadau Health Center have been partially implemented, with indicators that have been implemented, namely regular workplace inspections, input from officers performing tasks at the place being inspected, workplace checklists have been compiled for use during inspections. Inspection report. However, the parameters that have not been implemented are: inspections carried out by the OHS team/ OHS manager of the health facility, corrective actions are monitored to determine their effectiveness.

According to the laws and regulations concerning occupational safety and health in health care facilities, the Puskesmas of Sekadau has not fully met the requirements.³Sekadau has not fully met the requirements, the reason why it has not fully met the requirements on the variable monitoring and evaluation of OHS performance in health facilities is because it does not yet have trained resources for OHS so that this activity cannot be carried out optimally. As a result, it has not been able to see how to develop for the better the K3 program implemented by the Puskesmas.

The monitoring and evaluation of OHS performance has also been almost fully implemented so that it does not significantly affect the work of the workforce. This is due to one of the consequences of frequent evaluations of labor performance. This results in the influence of the elements of monitoring and evaluating OHS performance significantly on labor job satisfaction.¹⁰. Other research results are in line with Susilawati's research.¹⁴. which states that the umbulharjoll health center has implemented OSHMS but is still in the learning stage.

e. Review and Improvement of OHS Performance in Health Facilities

Based on the results of the study, the results of observations and interviews on monitoring and evaluating OHS performance show that what has been done is the commitment and policies of the health facility leaders as outlined in the commitment sheet and work plan related to OHS in the health facility, while what does not exist is the decision letter of the OHS team in the health facility or the appointment of an OHS manager, trained resource support, allocation of funds, facilities and infrastructure supporting OHS equipment and standard operational procedures that meet the principles of occupational safety and health in carrying out activities.

According to the laws and regulations concerning occupational safety and health in health care facilities, the Sekadau Health Center has not met the requirements of these indicators, which are 8 indicators.³According to the Law on

Occupational Safety and Health in Health Care Facilities, the Sekadau Health Center has not fulfilled the requirements of these indicators, of which there are 8 indicators. However, only 2 indicators have been implemented and there are still 4 indicators that have not been implemented as a whole.

The Sekadau Health Center still lacks trained resources, lack of socialization about Occupational Safety and Health in health facilities. As well as still not fully fulfilled regarding the Determination of the Occupational Safety and Health Policy of the Health Facility, Occupational Safety and Health Planning of the Health Facility, Implementation of Occupational Safety and Health Planning in the Health Facility, and Monitoring and Evaluation of Occupational Safety and Health Performance in the Health Facility. Development of the overall implementation of OSHMS is still needed in health care facilities. Accountability of health care facility leaders is required in order to implement each principle, element, and criterion of OSHMS.

5. CONCLUSIONS

Based on the results of the study that the occupational health safety management system of the health service facilities of the sekadau health center kec. Sekadau hilir is still not maximally implemented, where the determination of k3 policies at the sekadau health center based on the results of observations has a percentage of 50% with a sufficient category, occupational safety and health planning at the sekadau health center based on the results of observations has a percentage of 50% with a sufficient category, the implementation of the k3 plan at the sekadau health center based on the results of observations has a percentage of 85.3% with a very good category, monitoring and evaluation of k3 performance at the sekadau health center based on the results of observations has a percentage of 33.3% with a less category and review and improvement of k3 performance at the sekadau health center based on the results of observations has a percentage of 41.6% with a sufficient category.

6. ACKNOWLEDGMENTS

The researcher would like to thank the Head of the Sekadau Hilir Health Center for allowing this research to be carried out, all officers who have participated for the smooth running of the research.

Author Contribution

JS: collect and analyze data

S: conceptualize and design research

AR: prepare reports and publication articles

7. REFERENCES

1. M.P Simanjuntak B. the Relationship of K3 Commitment To the Application of Safety and Health Management Systems in the Utility Division in Pt Almasindo Bogor. *J Ilm Wijaya*. 2020;11(2):71–80. doi: <https://doi.org/10.46508/jiw.v11i2.58>
2. Menteri Ketenagakerjaan RI. Peraturan menteri ketenagakerjaan Republik indonesia Nomor 10 Tahun 2016 tentang tata cara pemberian program kembali kerja serta kegiatan promotif dan kegiatan preventif kecelakaan kerja dan penyakit akibat kerja. Published online 2016. <https://peraturan.bpk.go.id/Download/252146/Kemnaker%20No.%2010%20Tahun%202016.pdf>
3. Kemenkes RI. Peraturan menteri kesehatan republik indonesia Nomor 52 tahun 2018 Tentang Keselamatan dan kesehatan kerja di fasilitas Pelayanan kesehatan. Published online 2018. <https://peraturan.go.id/files/bn19-2019.pdf>
4. Nada FQ, Denny HM, Setyaningsih Y. Implementasi Keselamatan dan Kesehatan Kerja di Puskesmas: Studi Kasus di Kabupaten Pekalongan. *J Manajemen Kesehatan Indonesia*. 2020;8(2):98–104. <https://doi.org/10.14710/jmki.8.2.2020.98-104>
5. Handayani P, Irfandi A. Analisis situasi penerapan Kesehatan Kerja Pada Puskesmas Di Wilayah Jakarta Barat Tahun 2018. *Indonesian Health Information Management Journal*. 2019;7(1):01–07. <https://inohim.esaunggul.ac.id/index.php/INO/article/view/27>
6. Fitrijaningsih, Purnamawati D, Srisantyorini T, Baktiansyah A, Triyono A. *The Indonesian Journal of Occupational Safety and Health*. 2023;12(3):363–371. doi: <https://doi.org/10.20473/ijosh.v12i3.2023.363-371>
7. Prasetyowati JD, Denny HM, Suroto S. Analisis Penerapan Keselamatan Dan Kesehatan Kerja (K3) Puskesmas Di Kabupaten Semarang Menggunakan Re-Aim Framework. *J Formil (Forum Ilmiah) Kesmas Respati*. 2019;4(1):1-9. doi: <https://doi.org/10.35842/formil.v4i1.224>
8. Sari MW, Putra A, Jannah N, Rachmah. Implementation of Standards Occupational Safety and Health at the Public Health Center in Banda Aceh. *Galore International Journal of Health Sciences and Research*. 2021;6(4):6–9. doi: <https://doi.org/10.52403/gijhsr.20211002>
9. Kusuma MAPN, Prihastini KA, Haryawan IGA, Aryani NMC . Implementasi sistem manajemen keselamatan dan kesehatan kerja (SMK3) pada PT UAI berdasarkan kriteria awal pp no 50 tahun 2012. *Prepotif : Jurnal Kesehatan Masyarakat*. 2023;7(2):1554–1561. <https://journal.universitaspahlawan.ac.id/index.php/prepotif/article/view/18174>
10. Sutapa IK, Suardika IN, Sudiarsa M, Putra IKA. Pengaruh Penerapan Kebijakan Sistem Manajemen Keselamatan Dan Kesehatan (SMK3) Terhadap Kepuasan Kerja Tenaga Kerja Pada Proyek Kantor Perwakilan Bank Indonesia Provinsi Bali. *Jurnal Ilmiah Poli Rekayasa*. 2021;16(2):66–71. doi: <http://dx.doi.org/10.30630/jipr.16.2.194>

11. Alfanan A, Nugroho A. Pengembangan Sistem Manajemen Keselamatan Dan Occupational Health And Safety Management System (Ohsms) Development In Health Care. Prosiding seminar nasional Unriyo. 2020. <https://prosiding.respati.ac.id/index.php/PSN/article/viewFile/285/277>
12. Susanto A, Enisah E. Evaluation of Occupational Health and Safety Management System (SMK3) Health Service Facilities at Puskesmas Cijagra Lama Bandung City. *J Aisyah J Ilmu Kesehat.* 2020;5(2):143–51. doi: <https://doi.org/10.30604/jika.v5i2.327>
13. Kemenkes RI. Peraturan Menteri Kesehatan Republik Indonesia Nomor 27 Tahun 2017 Tentang Pedoman Pencegahan Dan Pengendalian Infeksi Di Fasilitas Pelayanan Kesehatan. Published Online 2017. <https://peraturan.bpk.go.id/Details/112075/permenkes-no-27-tahun-2017>
14. Susilawati, Budiani RL, Paramita I, Puspitasiwi P . Penerapan Sistem Manajemen Keselamatan dan Kesehatan Kerja (SMK3) di Puskesmas Umbulharjo II Kota Yogyakarta. *Jurnal Kesehatan Vokasional.* 2023;8(2):112–122. doi: <https://doi.org/10.22146/jkesvo.72671>