

# Analysis of the Implementation of the Occupational Safety and Health (K3) Program at the Madani Regional Hospital of Pekanbaru City in 2021

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## Abstract

*Occupational safety and health (K3) is a protective effort given to workers so that they are always in good health and provide safety in carrying out work activities and provide a sense of comfort to everyone who enters the workplace. The purpose of this study is to analyze the Implementation of of the implementation of the K3 program at the Madani Regional Hospital of Pekanbaru City in 2021. This study used a qualitative research method through in-depth interviews, observation and document review with 8 research informants, which were determined by purposive sampling. The results obtained are that the current human resources K3 of the Hospital are not sufficient, the infrastructure and K3 budget are inadequate, risk management has not been implemented, health services have not been carried out thoroughly, the management of toxic hazardous materials (B3) is not optimal, prevention and fire control and preparedness for emergency or disaster conditions have not been implemented because K3 officers also have responsibilities in other fields of work. The conclusion of this study is that the application of K3 at the Madani Regional Hospital of Pekanbaru City has not gone well. It is recommended to the hospital management to increase human resources K3 of the Hospital in accordance with the K3 educational background, complete the K3 facilities and infrastructure, allocate a special budget for the K3 program, carry out risk management, provide comprehensive occupational health services, carry out management according to standards, and carry out prevention and comprehensive fire and emergency control.*

## Keywords

implementation; occupational safety; health



## I. Introduction

The world of work is a place to carry out work that produces goods and services both in the open and in closed places. Various types of work must have various risks that can be caused by materials and work tools, both those that pose a risk to the workforce, work tools and work materials. When doing their work, workers can also be exposed to unexpected and unexpected occupational diseases (PAK) and occupational accidents (KAK), such as being hit and falling by objects, pinched by machines, exposed to radiation rays, and so on (Irianto, 2014).

Occupational safety and health (K3) is a protective effort given to workers so that they are always in good health and provide safety in carrying out work activities and provide a sense of comfort to everyone who enters the workplace (Kementerian Ketenagakerjaan, 2018). Occupational Health and Safety is one of the efforts made to create a sense of security and health in the workplace, free from environmental pollution, and can protect from work

accidents so as to increase efficiency and productivity at work. In addition to causing fatalities, work accidents also cause material harm to workers and employers, disrupt the overall production process, and can damage the environment which in turn will have an impact on the wider community (Irzal, 2016).

Based on data from the International Labor Organization (ILO) it is stated that 2.78 million workers worldwide die every year due to accidents at work and occupational diseases. The cause of death that occurs in workers caused by occupational diseases is around 86.3%. And more than 13.7% of deaths are caused by fatal work accidents (International Labor Organization, 2018).

The hospital is one of the health services whose activities provide many health services, both in the form of outpatient services, inpatient services, and emergency care services that include medical services. Supporting factors that are very important in health services in hospitals are interrelated with one another, which include patients, workers, machines, work environment, how to do work and the health service process itself. As an organizer of health service facilities, the hospital is also a gathering place for healthy people and sick people so that the possibility of the risk of health problems and the occurrence of disease transmission is very high (Ibrahim et al., 2017). Patients when arriving in the hospital were reported with the clinical profile, clinical manifestation, GCS score, brain imaging, risk factor, laboratory and outcome (Syahrul, 2020). Lili Suryani in Haslinur (2020) states that the difference in costs is in line with the length of stay of the patient in the hospital. Therefore, the hospital directly has to cut operational costs by considering the quality of service factors that remain maximum to patients (Mulyanti, 2020).

The basic concept of hospital occupational health and safety (K3RS) is an integrated effort of all workers in the hospital, which includes patients, visitors/accompanists of the sick to create a healthy, safe and comfortable work environment for both hospital workers and patients. Visitors/introductions to the sick and the community around the hospital environment (Sucipto, 2014).

In preventing and reducing the risk of accidents and occupational diseases that occur in hospitals in order to create safety guarantees at work, a strategic service is needed and a permanent work procedure is needed and does not depend on the regulations that bind it and requires K3RS. In achieving a goal in an organization, the success or failure of an organization can be measured by looking at the extent to which the goals of the organization can be achieved.

Based on the results of research conducted by (Lasut et al., 2019), regarding the analysis of the implementation of the K3RS program at the Noongan Regional General Hospital, Minahasa Regency, it shows that the K3 program at the Hospital has not been implemented optimally such as periodic health checks and the absence of implementation of training or education on K3. Not yet optimal and there is no standard of K3 which includes guidance and supervision of health facilities, infrastructure, and equipment, training/counseling on work safety, and guidance and supervision of the management of fire prevention and control systems. The obstacles in implementing the K3RS Service Standards at the Noongan Hospital are delays in making regulations, lack of consistency of officers who handle health checks, limited availability of materials for laboratory examinations, unavailability of officers to carry out medical equipment maintenance, and delays in the preparation of the occupational health and safety program at home. K3RS resulting in addition to a lack of budget funds, also resulted in a lack of awareness from employees.

Based on the results of research conducted by (Runtulalo et al., 2021), regarding the implementation of the K3 program at the Anugerah Regional General Hospital, Tomohon City, it shows that the K3RS has not been implemented properly, which is good.

on pre-employment examinations as well as special examinations, education and the absence of training on K3 in hospitals. In addition, there are still programs related to K3 that have not been implemented properly, such as the implementation of health guidance and supervision, incomplete health equipment facilities and infrastructure, and the absence of guidance and supervision on fire prevention and control. In addition, there are still K3RS service programs that have not been implemented by the hospital, namely they have not carried out regular health checks to all hospital employees.

Based on the results of the initial interviews that have been carried out, that the Pekanbaru City Civil Service Hospital has set policies related to K3 in writing. The K3RS Committee has actually been formed, but in its implementation the Pekanbaru City Madani Regional Hospital has not run optimally, there is no evaluation of the workplace environment, health check data on hospital workers before work, periodically or specifically. In addition, at the Madani Regional Hospital, Pekanbaru City, there has also been an accident due to work, namely being stabbed by used syringes on health workers who are not documented. Emergency response facilities and infrastructure are also inadequate, such as emergency stairs, hydrants, fire alarms, as well as smoke detectors and automatic fire extinguishers (sprinklers) that are not functioning.

The K3RS assessment at the Pekanbaru City Civil Service Hospital internally and externally has not been carried out, but after an interview with the K3RS head it was found that the K3RS program was not running optimally and became the focus of problems in the implementation of the K3RS program, namely the K3RS risk management, health services have not been carried out. Work that has not been fully implemented, management of hazardous and toxic materials (B3), prevention and control of fires, and preparedness for emergencies or disasters that have not been implemented.

The purpose of this study is to analyze the Implementation of of the implementation of the occupational safety and health (K3) program at the Madani Regional Hospital of Pekanbaru City in 2021.

## II. Research Methods

This study used a qualitative research. Descriptive research is a type of research that aims to make a systematic, factual and accurate description of the facts and characteristics of the population of a particular area (Pandiangan et al., 2021). The purpose of qualitative design is phenomenology, namely approaching-understanding, exploring, revealing a phenomenon to informants. This qualitative design is used on the grounds that it has several advantages, namely: when dealing with the reality in the field, it will be easier to make adjustments, deeper understanding, because qualitative methods communicate directly with informants, are more sensitive and sensitive and are more able to adapt to the sharpening of mutual influence. to the pattern of values encountered (Pandiangan, 2015).

In determining the informants the technique used is purposive sampling. According Pandiangan et al. (2018) in Sugiyono, purposive sampling is the selection of samples based on certain characteristics that are considered to have relevance to the characteristics of the population that have been known previously. Research informants as many as 8 people.

Library research of reference sources is a form of research that uses library facilities by examining theoretical discussions from various books, articles, and scientific works related to writing (Pandiangan, 2018). Method through in-depth interviews, observation and document review. Data processing in this study was obtained from interviews, checklist sheets and direct field observations, carried out by means of triangulation which is a data collection technique that combines various data collection techniques and existing data sources by testing the credibility of the data (Tobing et al., 2018).

### III. Discussion

#### 3.1 Overview of Research Sites

The Pekanbaru City Madani Regional Hospital (RSD) is a hospital owned by the Pekanbaru City government which was inaugurated on January 26, 2018 by the Mayor of Pekanbaru. Madani Regional Hospital is a class C hospital and has an operational permit issued on December 28, 2017 with license number 4/05.12/DPMPTSP/XII/2017.

The Regional Hospital (RSD) Madani Pekanbaru City is a Technical Implementation Unit (UPT) of the Pekanbaru City Health Office which is strategically located on the edge of the Garuda Sakti km<sup>2</sup>. RSD Madani Pekanbaru City was built in 2014 with an area of 30,400 m<sup>2</sup> and a building area of 13,128,51 m<sup>2</sup>.

In 2018 to 2019 the services at Madani Hospital are still limited, namely 24-hour emergency room services, outpatient services, pharmaceutical services, laboratory services and medical records. Outpatient services are carried out by several specialist doctors. In 2018 RSD Madani only had 2 basic specialties, namely Pediatricians consisting of 4 people and 3 specialists in obstetrics and gynecology. In mid-2019, RSD Madani was able to fulfill 4 basic specialist services, namely with the acceptance of CPNS in the city of Pekanbaru, RSD Madani had 1 internal medicine doctor and 1 surgeon specialist. There are some exceptions in the patient referral rules, among others, by considering the condition of health services (Hanum, 2020).

As time goes by, RSD Madani continues to improve itself by preparing hospital accreditation in order to maintain and improve the quality of service to patients. RSD Madani has conducted accreditation guidance with KARS facilitated by the Ministry of Health. The Madani RSD accreditation was planned to be carried out in 2020 but due to the COVID-19 pandemic, the accreditation assessment was delayed. The postponement of this accreditation is based on a circular letter from the Ministry of Health.

In order to improve the quality of public services, RSD Madani also improved itself by adjusting services to the community with the standards that have been set for public services, in 2019 RSD Madani succeeded in increasing achievements in public services, from assessments requiring coaching to predicate B.

In April 2020 RSD Madani opened special inpatient services for COVID-19 patients and radiology services. The Madani Hospital of Pekanbaru City is one of the hospitals serving COVID-19 handlers, based on a decree from the Governor of Riau and a decree from the Mayor of Pekanbaru. As time goes by RSD Madani continues to improve services by continuing to coordinate with the Riau Provincial Health Office and the Ministry of Health for the fulfillment of infrastructure facilities and the fulfillment of Health Human Resources in order to realize quality health services for the people of Pekanbaru City.

Pekanbaru City Madani Regional Hospital has established policies related to occupational safety and health (K3) in writing by forming the K3RS Committee as an OHS organization. However, in its implementation, the Pekanbaru City Madani Regional Hospital has not run optimally, because it has not been structured properly due to the lack of K3RS human resources, not full time in implementing the K3RS program, and the absence of a good commitment from the Pekanbaru City Madani Regional Hospital.

#### 3.2 Research Result

The results obtained are that the current human resources K3 of the Hospital are not sufficient, the infrastructure and K3 budget are inadequate, risk management has not been implemented, health services have not been carried out thoroughly, the management of toxic hazardous materials (B3) is not optimal, prevention and fire control and preparedness for

emergency or disaster conditions have not been implemented because K3 officers also have responsibilities in other fields of work.

From the interviews that have been conducted, the current K3 human resources at the Madani Regional Hospital in Pekanbaru City is not sufficient. This is because the Madani Hospital only has 1 K3 expert and the assigned HR also has responsibilities in other jobs (double job).

Based on the results of interviews conducted by researchers regarding the facilities and infrastructure that support the implementation of the Occupational Safety and Health program at the Hospital, it is known that the Hospital already has several facilities and infrastructure to support the implementation of the K3RS program such as personal protective equipment (APD), and other facilities. Fire protection and disaster emergency, but not yet adequate and not functioning properly as it should.

Based on the results of interviews conducted by researchers regarding an adequate budget in the implementation of the K3RS program, it is known that the Pekanbaru City Madani Regional Hospital has a budget for the K3RS program sourced from the APBD, but the budget is not sufficient to support the implementation of the K3RS program, but the Hospital III has submitted a proposal to meet the availability of funds for the K3RS program.

Based on the results of interviews conducted by researchers regarding K3RS risk management, it is known that the Pekanbaru City Madani Regional Hospital has not carried out K3RS risk management which includes identification of potential hazards, risk analysis and risk evaluation in hospitals. This is due to having responsibilities in other jobs and the lack of communication between the K3RS committee and the management and all parties in the hospital.

Based on the results of interviews conducted by researchers regarding occupational health services, it is known that the Pekanbaru City Madani Regional Hospital has carried out promotive activities to improve the health and physical and mental abilities of human resources at the Hospital, namely the implementation of physical fitness in the form of morning exercise and mental/spiritual coaching for HR in hospitals such as wirid/recitations, the Pekanbaru City Madani Regional Hospital has also carried out some preventive activities in the form of periodic and special health checks, but health checks before work have not been carried out, for medical surveillance and surveillance of the work environment have not been carried out, and for other activities The curative and rehabilitative activities of the Pekanbaru City Madani Regional Hospital have been carried out, namely by providing treatment and care and rehabilitation for hospital human resources who are sick. However, reporting and recording of work accidents in Hospital HR has not been carried out.

Based on the results of interviews conducted by researchers regarding the management of B3, it is known that the Pekanbaru City Civil Service Hospital does not identify and inventory B3 but already has standard operating procedures (SOP) related to the management of B3, the hospital has also carried out socialization related to handling spills of B3, but for the B3 storage and disposal, RSD Madani does not have a specific standard that is in accordance with the standards, and still uses a third party.

Based on the results of interviews conducted by researchers regarding fire prevention and control, it is known that the Pekanbaru City Madani Regional Hospital has not identified fire risk areas, does not have SOPs, no training or simulations related to fire control and does not have a special team in fire prevention. However, there are already some fire protection facilities at the Pekanbaru City Madani Regional Hospital, but they are not functioning properly.



## IV. Conclusion

The conclusion of this study is that the application of K3 at the Madani Regional Hospital of Pekanbaru City has not gone well.

It is recommended to the hospital management to increase human resources K3 of the Hospital in accordance with the K3 educational background, complete the K3 facilities and infrastructure, allocate a special budget for the K3 program, carry out risk management, provide comprehensive occupational health services, carry out management according to standards, and carry out prevention and comprehensive fire and emergency control.

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