

## Implementation of Occupational Health and Safety during the Covid-19 Pandemic at Dadapayam Puskesmas

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### Abstract

*Occupational Health and Safety (K3) is a program created for workers or laborers as well as employers as a form of prevention of work accidents and occupational diseases that may occur to workers in the work environment. The purpose of this study was to analyze the implementation and barriers and challenges of occupational safety and health at the Dadapayam Health Center during the Covid-19 period. The method used is descriptive with a qualitative approach. Data collection techniques were carried out by means of observation, interviews and also documentation studies. Data analysis activities are carried out through the stages of data condensation, data presentation, and drawing conclusions. The results showed that the Dadapayam Health Center had implemented occupational safety and health (K3). In the process of implementing K3 during the Covid-19 period, the initial steps and stages of K3 planning were quite good and in accordance with applicable regulations. However, there are obstacles and challenges that have in the process of implementing occupational safety and health during the Covid-19 period being slightly disrupted and not functioning optimally. The implication of the implementation and obstacles at the Dadapayam Health Center during the Covid-19 period is to provide more knowledge to the community, especially to health workers who work at the Dadapayam Health Center so that they continue to apply K3 in every daily activity.*

### Keywords

occupational safety and health (K3); puskesmas; covid-19



## I. Introduction

Puskesmas is the alternative chosen by the community as a place for public health services that need first aid. Dadapayam Health Center already has health programs such as maternal, child and family planning health services, disease prevention and control services, and nutrition services. However, through an interview with one of the workers at the Dadapayam Health Center who stated that the health program had been carried out but there were programs that had not gone well, namely the occupational health program where only a few officers and patients had the initiative to comply with the occupational health and safety regulations. located at the Dadapayam Health Center.

This research is motivated by the research gap from previous studies. Research conducted Tana, Halim, et al., (2013) shows the risk of work occupies the tenth highest cause of disease and even death. Then E et al., (2014) explained that occupational health and safety is a problem that is quite the center of attention of various parties, institutions, as well as the community because these problems are part of humanity. The government has also issued regulations that discuss and regulate occupational health and safety. The regulation in question is the Regulation of the Minister of Manpower No: Per.05/Men/1996 concerning Occupational Health and Safety Management Systems.

Putri et al., (2018) explained that occupational health and safety (K3) is essentially a management that must exist in the work environment. To overcome the problem of work accidents, the company must have a special management that takes care of occupational health and safety (K3). Work accidents can occur due to lack of knowledge of workers about their work, causing work accidents. Next Ivana et al., (2014) also stated that occupational health and safety (K3) management must exist in every workplace as a solution to overcome the problem of work accidents and provide special protection to workers or other people who enter the workplace from all forms of work hazards and accidents. In addition, the Indonesian government also includes occupational health and safety (K3) in the Law of the Republic of Indonesia Number 36 of 2009 which states that occupational health and safety (K3) is intended to provide protection for workers within the scope of their workplace to be healthier and free from pollution, various health problems or occupational hazards. Thus, it becomes a must for companies to provide protection for workers (Ivana et al., 2014).

Occupational health and safety at health centers is important to prioritize, especially in the midst of the current Covid-19 pandemic caused by the outbreak of the Corona virus in almost all parts of Indonesia and even the world until it is declared a global pandemic. This virus originally emerged from China, precisely in the city of Wuhan, and then spread to every country in the world. Corona virus is a new type of virus, so there is no drug that can cure it. The rate of spread of Covid-19 continues to increase, even it is said to be increasing every day. Supported by the characteristics of the Covid-19 virus itself which is easy to spread quickly, making it very easy for the spread of Covid-19. This may seem simple, but it has a big impact on people's lives in the world, especially for the world of health.

The outbreak of this virus has an impact of a nation and Globally (Ningrum *et al*, 2020). The presence of Covid-19 as a pandemic certainly has an economic, social and psychological impact on society (Saleh and Mujahiddin, 2020). Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020).

Work is one of the factors that cause accidents that can endanger workers and even enter the top ten causes of work accidents. One of them is work in a health environment such as a health center which requires interaction with various patients accompanied by various types of illness, especially during the Covid-19 pandemic. Occupational health and safety is very necessary to be implemented, considering the number of victims of Covid-19 which continues to increase so that it can indirectly threaten workers who work in the health environment. Therefore, the puskesmas must have a structured and strict management of the implementation of occupational health and safety in its implementation, especially in the midst of the current Covid-19 pandemic. This cannot be underestimated, because if the worker is exposed to Covid-19, it can endanger himself, the environment, and his family. Therefore, the author is interested in conducting research on "Implementation of Occupational Health and Safety during the Covid-19 Pandemic at the Dadapayam Health Center".

The benefits of this research are increase knowledge about occupational health and safety so as to minimize the occurrence of work accidents and is expected to increase employee awareness of occupational health and safety and this research is useful to increase knowledge and experience for authors in analyzing occupational health and safety.

## **II. Review of Literature**

### **2.1 Occupational safety and health (K3)**

Occupational health is a practice in health science or medicine with the aim that workers have a high degree of physical, mental and social health through preventive efforts against diseases or health problems caused by work and work environment factors as well as against general diseases.(Mongilala et al., 2019). An occupational safety and health program can function and be effective if the program can be properly communicated to all individuals involved. Good communication within an organization is very influential in the success of an implementation of a company's occupational safety and health culture. The communication aspect is also very important in carrying out occupational safety and health programs, because with safety and health communication employees can understand information about the importance of implementing an occupational safety and health system in the workplace.(Fridayanti & Kusumasmoro, 2016).

### **2.2 Application of Occupational Safety and Health (K3)**

The implementation of Occupational Health and Safety (K3) is currently not only an important issue in the Indonesian work industry but also the main focus of the work industry around the world.(Nazirah and Yuswardi, 2017). Based on research conducted by the world organization, namely the International Labor Organization (ILO), data shows that in one day at least 6,000 people die due to health problems in the form of diseases or accidents that occur related to the work environment or work.(Rahayuningsih and Hariyono, 2013). The death rate is equivalent to 2.2 million per year, which means that at least one person dies every 15 seconds due to not implementing Occupational Health and Safety (K3).

### **2.3 Barriers to the Implementation of Occupational Health and Safety (K3)**

The level of achievement in the implementation of the OHS management system in Indonesia is still not maximized. This is because there are still various obstacles and obstacles in its implementation.Dharmayanti et al., (2018)summarizes the various obstacles in implementing the OHS management system found in various construction service industries in Indonesia, namely: (1) The level of priority for the implementation of Occupational Health and Safety (K3) by the company management is still low. (2) The level of knowledge regarding Occupational Health and Safety (K3) is lacking. (3) Weak supervision and imposition of sanctions. (4) The low culture of Occupational Health and Safety (K3) discipline.

### **2.4 Framework of Thinking**

The implementation and implementation of K3 occupies an important position to be carried out in all fields of work so that the noble goal of having a safe, comfortable, healthy and protected work situation can be realized so that optimal work quality and productivity can also be achieved. The application and implementation of K3 in practice in the field, especially those organized by the Dadapayam Health Center in this study, was reviewed through the implementation process and the obstacles, challenges during the Covid-19 pandemic so that it is expected to minimize work accidents that may occur. Because in this pandemic condition, the implementation of Occupational Health and Safety (K3) must of course be extra including the use of PPE by medical personnel and the implementation of various protocols.healthsuch as wearing a mask, keeping a distance, and washing hands frequently.

### III. Research Method

In research on the application of occupational safety and health (K3) at the Dadapayam Health Center, the researcher used a descriptive research method with a qualitative approach. The purpose of this study is to explain and describe in detail the phenomena that occur and do not require a hypothesis. Sources of data used are primary data obtained directly through interviews. Research wants to know more about things that come from direct sources so that they get a more accurate response. The data used is data that is focused on the field through the results of interviews. This study uses qualitative research methods with in-depth interview data collection (Moha & sudrajat, 2019).

In this study, the resource persons were workers at the Dadapayam Health Center, namely Sanitarians, General Practitioners and Village Midwives. While the supporting sources were 2 visitors at the Dadapayam Health Center. The object of this research is the Dadapayam Health Center which is located on Jl. Salatiga-Dadapayam km 14, Dadapayam, Kec. Tell, Kab. Semarang, Central Java. The following is the profile of the sources in table 1.

**Table 1.** Research Resource

No	Name	Resource Code	Position/Status	Length of work
1.	Bambang Haryanto	A1	Sanitarian	30 years
2.	Dr. Victor A	A2	General practitioners	3 years
3.	Midwife Fathin	A3	Village Midwife	1 year
4.	Ratna	A4	Patient	
5.	Graceful	A5	Patient	

The data collection method is an important step in a study, because the data collected will be used as material for analysis in research. The method used in this research is descriptive qualitative that is by interviews or interviews, data collection techniques in which the authors ask questions to informants related to the problem under study, especially doctors, nurses, janitors as workers and patients as visitors. Interviews were conducted to find out information regarding the application of occupational safety and health (K3) and obstacles to the application of K3 at the Dadapayam Health Center. In carrying out the interview technique, the interviewer must be able to create a good relationship so that the informant is willing to cooperate, and feels free to speak and can provide true information. The interview technique that the researcher uses is in writing, namely by preparing in advance some questions that will be submitted to the informants. This observation aims to determine the implementation of the implementation of K3 during the Covid-19 pandemic and the obstacles to the implementation of occupational safety and health at the Dadapayam Health Center. Documentation is used to obtain data that is already available, namely changing materials or information that supports research (Nayiroh, 2019).

Data analysis technique is the process of systematically searching and compiling data from interviews, observations and secondary data by sorting out which data and choosing which data are important and which data need to be studied and then draw conclusions so that they are easy to understand. (Rijali, 2019). To determine the validity of the data, an examination technique was carried out through several activities, namely triangulation. Where in data collection techniques, triangulation is defined as a data collection technique that combines various data collection techniques and existing data sources. If the

researcher collects data by triangulation, then the researcher actually collects data as well as tests the credibility of the data, namely checking the credibility of the data with various data collection techniques and various data sources.(Sugiono, 2012).

The earliest stage is to formulate questions to be asked to the resource persons. The questions that will later be asked can be developed further along with the interview process. The next step is to determine the resource persons to be interviewed, in this topic relevant to be the resource persons are workers from the Dadapayam Health Center. The interview process begins when questions are asked to the resource person and the resource person responds to the questions that have been asked. Each response from the resource person will be recorded, which will later become the result of the interview after it has been compiled to be able to find out the application of occupational safety and health and barriers to occupational safety and health at the Dadapayam Health Center.

## **IV. Results and Discussion**

This study discusses the implementation and implementation of occupational safety and health at the Dadapayam Health Center during the Covid-19 pandemic. In-depth interviews were conducted in this study in order to obtain valid data and in accordance with the research principles.

In this study, interviews were conducted with several sources who, according to the author, fit the criteria that the authors expect and the authors consider to be competent sources in their fields. In-depth interviews were conducted with the main resource persons and supporting resource persons, the main informants were Sanitarians (A1), General Practitioners (A2), and Village Midwives (A3). While the supporting sources are 2 patients at the Dadapayam Health Center (A4, A5). The research location in this study is the Dadapayam Health Center which is located on Jl. Salatiga-Dadapayam km 14, Dadapayam, kec. Tell, Kab. Semarang, Central Java.

### **4.1 A brief History**

Dadapayam Health Center Established in 1986, the Puskesmas itself is located in Dadapayam Village, Suruh District, Semarang Regency. Suruh Subdistrict itself consists of 17 villages with an area of 64.02 km<sup>2</sup>. In the sub-district of Suruh, there are two main health centers, namely Suruh Health Center and Dadapayam Health Center. The working area of the Suruh Health Center covers 11 villages with an area of 31.63 km<sup>2</sup>, while the work area of the Dadapayam Health Center covers 6 villages with an area of 32.38 km<sup>2</sup>. The Puskesmas is the first-level health service implementing unit and the spearhead of government health services. The Puskesmas has responsibility for the health status in its working area.

Dadapayam Community Health Center aims to a)Improving the health status of the community in the work area as optimally as possible; b) Increase public awareness and willingness to live clean and healthy; c) Fostering community participation in order to increase their ability to be able to live clean and healthy independently; d) Providing complete, integrated, and quality health services to the community.

Dadapayam Health Center Visionis "The picture to be achieved from the implementation of health programs in the work area of the Dadapayam Health Center". The mission of the Dadapayam Health Center is a) Improving employee performance or productivity; b) Improving the quality of human resources; c) Improving the quality of health services inside and outside the building; d) Expanding the reach of health services to the community; e) Providing excellent service to the community.

## 4.2 Implementation of Occupational Health and Safety

Collecting data through in-depth interviews with the main resource person as the head of the Dapayam Puskesmas regarding the implementation of K3 at the Dadapayam Health Center in accordance with regulations issued by the government in the use and maintenance of work equipment such as PPE, and Infectious medical waste management is very strict and in accordance with the Ministry of Environment and Forestry (KLHK) Policy in Handling Covid-19 Waste. Presented by resource person A1 as the Sanitarian of the Dadapayam Health Center. He has worked at the Dadapayam Health Center for 30 years. In an excerpt from the interview on January 29, 2022. In the maintenance of equipment, A1 stated that:

*"So during this pandemic we are tightening K3 by carrying out maintenance of equipment related to medical services by means of sterilization, then clothes, so first we checked that patients had never used PPE and now it is mandatory so before implementation we must first check the PPE must be properly installed and right then including wearing a dress or wearing a hazmad then wearing a mask for sure, then gloves, then washing hands. Like hazmad, it cannot be recycled, so when we are finished using it, we have to put it in a plastic bag for yellow feces, then we throw it away and put it in the TPS P3 first"*

What has been done by the Dadapayam Health Center is in accordance with the rules and policies of the government, even regarding the third parties involved in handling infectious waste. Described in research conducted by Nugraha, (2020) In the management of infectious medical waste, it must comply with the policies issued by the government as well as the stages of waste management starting from waste identification as stated in the Circular Letter of the Minister of Environment and Forestry No. SE.2/MENLHK/PS LB3.3/3/2020.

Resource Person A1's explanation was also strengthened by Resource Person A2 regarding equipment maintenance based on SOPs and involving a third party, namely PT. ARAS as a company in charge of destroying B3 waste. Resource person A2 as a General Physician at the Dadapayam Health Center. The following is an excerpt from an interview conducted on January 29, 2022:

*"For equipment maintenance, it must be in accordance with SOPs. There are those who handle infection control prevention PPI so all tools related to inspection can be sterilized, sterilized after inspection. If the tool is disposable, it will be immediately put in the safety box or yellow trash. Then it will be put into B3 waste and then it will be recycled by PT. ARAS."*

In controlling the work equipment carried out at the Dapayam Health Center, it is in accordance with the SOP, which before using the health equipment is sterilized both from the equipment and the places in the Dadapayam Health Center where disinfectant is sprayed and for cleaning staff special training is also carried out and has extra duties during this pandemic. As explained by Resource Person A1 as follows:

*"There is a quality check so before that we have a sterilization room so before carrying out according to the SOP, this cleaning section is also extra, we spray disinfectant in the afternoon so that in the morning the Puskesmas is ready to be used. Then the officers also have to handle covid waste and medical waste carefully, of course they have to wear PPE"*

Resource Person A2 also conveyed that all use of equipment is strictly controlled and before use is carried out sterilization, which was conveyed by Resource Person A2 as follows:

*"Before it is carried out, the tool must be sterilized and according to the SOP, soaked in chlorine, then washed."*

Likewise, resource person A3 said that the maintenance and control of medical equipment was based on the SOP that had been set and had gone through sterilization, and cleaning was carried out by special personnel. For resource persons, A3 did not explain in detail about the use and control of the medical equipment used. However, in general it is said that the use of equipment at the Dadapayam Health Center is good and in accordance with the established SOP.

The implementation of K3 at the Dapayam Health Center starts from planning, implementing program implementation, implementing program measurements and evaluating. From what was conveyed the planning process was carried out in preparing K3 at the Puskesmas. Presented by resource person A1 that there are differences in K3 planning during this COVID-19 pandemic, different from the period before the COVID-19 pandemic hit.

The planning carried out by the Dadapayam Health Center focused on the safety of employees and patients, then the Puskesmas carried out budget planning in the context of implementing K3 during the covid-19 pandemic, with this pandemic making the required budget submissions bigger, due to the need to fulfill medical equipment equipment more so much so that this enlarges the proposed budget. The following is the presentation of resource persons A1

*"First we plan the safety of our employees and patients, which we focus on, then ask for more budget for the provision of medical equipment or our safety equipment such as clothes and others".*

The explanation given by Resource Person A2 regarding the K3 planning at the Dadapayam Health Center during this pandemic was said to be running regularly and carried out and then an evaluation was carried out every quarter about the events that occurred at the Dadapayam Health Center. While the explanation given by resource person A3 said that the K3 planning carried out at the Dadapayam Health Center added a Health protocol as a rule that must be carried out and obeyed.

In the implementation of the program during the pandemic period, there were several activities that were stopped due to situations and conditions that were not possible during the COVID-19 pandemic, this was for the safety and health of employees and patients at the Dapayam Puskesmas, however, they were shifted to the provision of K3 equipment. This was conveyed by Resource Person A1;

*"So we have to postpone some activities that have been instructed by the health department due to conditions. So we shift some activities that we are forced to not be able to do, we specialize in the provision of K3 equipment."*

The implementation of K3 carried out by the Dadapayam Health Center according to the supporting sources was considered good, both in terms of the use of health equipment such as PPE, masks and services provided, the facilities provided, the rules applied while serving patients who came were quite strict and encouraged the patients to be disciplined so that no crowds. This was conveyed by resource person A5 as follows:

*"The facilities provided in my opinion are good, for example, such as PPE, distant seats, temperature checks, there is a hand washing area and hand sanitizer is provided, the Dadapayam Health Center has implemented 5m, for example in front before entering the puskesmas we must wash our hands first, check the temperature, and must wear a mask."*

However, according to resource person A4, it was said that there was an influx of visitors when the vaccination process was carried out, thus creating a large and long crowd. However, in the implementation of the implementation of K3 the Dadapayam Health Center prioritizes K3 during this pandemic. As stated by Resource Person A4:

*"Yes, employees at Puseksmas prioritize K3 during this pandemic, they always wear personal protective equipment and gloves."*

It was explained that the assessment was carried out by a special quality person in charge of which in this case the UKP and SMEs were involved to conduct an assessment of discipline in the use of medical devices. Efforts made in the assessment are also carried out by environmental health program holders by using quality indicators.

Evaluation efforts are carried out with a time span of three quarters where to find out the results of work and the implementation of K3 carried out in the Dadapayam Health Center environment.

**Table 1.** Stages of Implementation of K3 Dadaapayam Health Center

Stages	Activities/Steps
1. Sterilization	The equipment to be used is sterilized.
2. Use of equipment according to SOP	All employees use PPE, masks, gloves, and eye protection. Patients use masks, hand sanitizers, and must always keep their distance.
3. Disposal of disposable tools	The tools that have been used will be cleaned by officers and put in yellow waste and then put in B3 waste.
4. Place cleaning	The cleaners will clean all sides of the Dadapayam Health Center and spray disinfectant.
5. OHS Planning	Focusing on the safety of employees and patients, then the Puskesmas carried out budget planning in the context of implementing K3 during the COVID-19 pandemic, adding Health protocols as rules that must be carried out and obeyed.
6. Performance assessment	The evaluation is carried out with a time span of three quarters in which to find out the results of work and the implementation of K3 carried out in the Dapayam Community Health Center

Judging from the explanation above, the Community Health Center empowers the community in its working area in various aspects, both in terms of prevention, detection and response. The resources owned by the Puskesmas and local resources in their area can be synergized in the context of the role of the Puskesmas in cutting the chain of transmission of COVID-19 so that it will greatly help reduce the number of COVID-19 cases. If the company implements occupational safety and health properly then this will be effective in reducing the number of workers who experience accidents, illnesses, injuries and others while doing work.(Padang & Unp, 2020).

### 4.3 Barriers and Challenges to the Implementation of K3

Obstacles and obstacles will always exist in carrying out any work. In this case, there are obstacles and obstacles faced by the Dadapayam Health Center. The obstacles faced by the Dadapayam Health Center as explained by resource person A1 are as follows:

*"so the first obstacle is related to the provision of PPE tools because when the PPE that we provided previously was not for a pandemic, the standard is usually with covid we have difficulties, after that the problem again is their habit, namely the habit of wearing masks before they never used them, now they have to wear masks wear gloves have to wear*



eye protection etcetera this is a hindrance in a habitual sense but it doesn't last long as you get used to it eventually.”

Resource Person A1's explanation was also strengthened by Resource Person A2, namely the shortage of PPE, but resource person A2 also explained that there was a shortage of manpower during the pandemic. It is said as follows;

*"Due to the limited number of health workers, because of the Covid specialties, we handle many patients every day, which means that we have direct contact with the positive cases. In the end, all of our officers are isolated."*

A3 resource person also explained that the perceived obstacle was the shortage of PPE and medical personnel, he said;

*"The obstacle is PPE, sometimes PPE from the service is limited, and since there is a vaccine, our workforce is lacking for vaccines and for services," he said.*

Efforts made in order to overcome the obstacles and obstacles faced by the Dadapayam Health Center include (1) Diverting non-priority budgets to needs that are considered priority; (2) Providing motivation to health workers due to lack of health workers; (3) Cooperating with community stakeholders such as villages to form a task force in order to socialize the prevention of the spread of the covid-19 virus. As stated by resource person A1 as follows:

*"the effort that can be done as much as possible we have to divert a budget that is not so priority that we can postpone, for example a meeting that causes a crowd we transfer it to the PPE budget then for the habit we give motivation then we are short of manpower we embrace from the village so form a task force then we give learning as necessary as they can understand."*

**Table 3.** Barriers and Challenges to the implementation of K3 at the Dadapayam Health Center

Stages	Step	Obstacles/Challenges	solution
1. Sterilization	Use of tools and clothing such as PPE	- Insufficient budget	- Diverting non-priority budgets to needs that are considered priority
2. Medical services	Implementing 5M	- Employees are not used to such as wearing masks and awareness from employees - Lack of medical personnel	- Giving motivation to health workers due to the lack of health workers and the habits of using masks
3. Cleanliness and prevention	Provide training to cleaning staff and collaborate with community stakeholders such as villages to form a task force in order to socialize the prevention of the spread of the COVID-19 virus.	- Many people are still afraid and do not understand the dangers of COVID-19.	- Collaborate with community stakeholders such as villages to form a task force in order to socialize the prevention of the spread of the COVID-19 virus.

In line with these conditions Tannya et al., (2017) also explained that although the Occupational Health and Safety (K3) program in work operational activities has been considered important, it cannot be denied that its implementation still encounters various obstacles. In line with this, Astutik & Dewa, (2018) mentions that the application of K3 has an impact and influence on the productivity of employees or workers.

Services related to COVID-19 cases at the Puskesmas are carried out integrated with other services. Based on this explanation, occupational safety and health is one of the programs that can increase work productivity. Where occupational safety and health have a positive effect on the work productivity of officers at the Dadapayam Health Center. According to Agustino et al., (2020) which shows that as a result of the Covid-19 virus pandemic, all company HRD are required to be able to learn and understand health protocols and apply occupational health and safety (K3) discipline.

Optimal application of Occupational Health and Safety (K3) is expected to ensure the consistency and effectiveness of the company in avoiding, minimizing, and as a precautionary measure the risk of health problems, both disease and accidents in the work environment, may arise. This condition is carried out in order to maintain the level of work productivity of the employees or workers by involving labor components, company management, as well as integrated working conditions and environments in such a way as to create a safe and productive working atmosphere. (Mardhatillah, 2017).

## V. Conclusion

The conclusion of this research is that the first implementation of K3 at the Dadapayam Health Center is in accordance with the regulations that have been set, both from the regulations made by the government and the K3 regulations made by the Dadapayam Health Center itself. Starting from providing guidance or special training for cleaning staff in the context of handling B3 waste. Such as the use of tools that are in accordance with the soup, the use of masks, the use of hand sanitizers, and keeping a distance. Until the K3 planning that will be implemented at the Dadapayam Health Center, not only that, the Dadapayam Health Center collaborates with various stake holders, such as in handling B3 waste in collaboration with PT Aras, in collaboration with surrounding villages in the context of forming Covid-19 task forces.

The second conclusion, the obstacles faced by the Dadapayam Health Center include (1) insufficient budget; (2) different and unfamiliar activities such as the use of masks; and (3) lack of medical personnel. Of these obstacles, of course, there are efforts to overcome them, including (1) Diverting non-priority budgets to needs that are considered priority; (2) Providing motivation to health workers due to lack of health workers; and (3) Cooperating with community stake holders such as villages to form a task force in order to socialize the prevention of the spread of the covid-19 virus.

The OSH policy was made as a sign that the Dadapayam Health Center is committed to complying with environmental and K3 regulations and requirements in accordance with the Regulation of the Minister of Manpower PER.05/MEN1996 concerning Occupational Health and Safety Management System (SMK3). With the implementation of the K3 policy and his commitment to carrying out the policy, it is an effort to prevent and spread the COVID-19 virus, both among medical personnel and workers as well as among patients. So that it can increase work productivity at the Dadapayam Health Center.

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