

THE ROLE OF HEALTH CENTERS ON OCCUPATIONAL SAFETY OF HEALTH PERSONNEL DUE TO THE COVID-19 PANDEMIC

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THE ROLE OF HEALTH CENTERS ON OCCUPATIONAL SAFETY OF HEALTH PERSONNEL DUE TO THE COVID-19 PANDEMIC

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ABSTRACT: The function of the Puskesmas is as a First Level health service in carrying out health service efforts, both promotive, preventive, curative, and rehabilitative in its working area. During the Covid-19 pandemic, Puskesmas are expected to provide services according to the Covid-19 situation. The goal is that the implementation of health protocols in health service facilities in order to prevent and control Covid-19 is carried out as well as possible. Puskesmas as a place used to carry out health service efforts has the potential to spread infectious diseases, including covid -19. Sources of infection transmission can come from the community or community or from the health care facilities themselves. The application of standard precautions in Infection Control and Prevention is not optimal. as a result, many health center health workers were confirmed covid-19. The purpose of this research is the extent to which the Puskesmas efforts in providing legal protection for the safety of health workers due to the Covid-19 pandemic. Legal protection for the work safety of health workers must be carried out as well as possible so that the rights of health workers to life safety are fulfilled. This research method is juridical sociology where this research is built from social facts related to the operation of real laws faced in health facilities or in the community. The problem faced in puskesmas is their adherence to health protocols is weak and tends to ignore. Second, Puskesmas is less obedient to infection prevention and control. There are many risk factors that arise in the Puskesmas environment such as unsterile medical equipment, unavailability of infectious and non-infectious trash bins in the work room, and the absence of adequate medical waste management. Third, the density of the puskesmas program activities causes the risk of being exposed to Covid-19 even higher. Based on the above background, the researchers took the title of the role of the Puskesmas in the safety of health workers due to the Covid-19 pandemic.

Keywords: Covid19 pandemic; The role of Puskesmas, health workers

INTRODUCTION

The COVID-19 pandemic issued by the WHO since March 12, 2020 has an impact on almost all sectors of people's lives. Social activities are prohibited, activity restrictions are limited to avoid crowds, public services are limited by reducing working hours or services are closed altogether. However, for public services such as Puskesmas, they continue to provide services to fulfill the basic needs of the community, namely health as a form of embodiment of the community's right to obtain health services as stated in Article 27 paragraph 2 of the 1945 Constitution which states that everyone has the right to work and a decent living for humanity, including a decent living in obtaining health services when needed. In times of pandemic Covid19 Puskesmas are expected to provide services to adapt to the Covid-19 situation, carry out the management of Public Health Efforts (UKM) and Individual Health Efforts (UKP) during the pandemic and pay attention to Infection Prevention and Control (PPI).

Based on data published by the Task Force for the Acceleration of Handling Covid19 in December 2020, for the territory of Indonesia, there were 671,778 positive cases of Covid19 which caused the death toll of 20,085 people. In the Central Java region 10,718 positive COVID-19 cases died 5007. In Demak Regency 3032 positive COVID-19 cases died 354. In Gajah Demak sub-district 114 Covid19 cases died 10 people.¹ This data, of course, shows the fact that the spread of Covid-19 is very aggressive, in a critical period of the Covid-19 pandemic, Health Workers are a profession that is at the forefront and fights directly against Covid19. In conditions like this, there are times when health workers have to sacrifice their lives to protect the public from the spread of the Covid-19 pandemic. Based on data published by the Indonesian Doctors Association in December 2020, there were 342 cases of health workers affected by COVID-19, consisting of 192 doctors, 14 dentists, and 136 nurses.² One of the health facilities that has been infected with COVID-19 is the Puskesmas because the Puskesmas is the frontline service for detecting COVID-19 risk factors. With cases of illness and death due to COVID-19, especially for health workers, it is certainly a concern for us that health workers are very at risk of contracting COVID-19, so they need to get legal protection from the Government. Health workers are people who devote themselves to the health sector and have knowledge and skills through health education and have the authority to carry out health efforts in accordance with Law No. 36 of 2014 concerning Health Workers. Regulation of the Minister of Health of the Republic of Indonesia number 52 of 2018 concerning Occupational Safety and Health in Health Service Facilities Article 3 that every Health Facilities is obliged to organize K3 (Occupational Health and Safety) in Health Facilities. The

¹ Television broadcast of the COVID-19 Task Force Team on December 12, 2020.

² <http://m.liputan6.com/health/read/4426054/data-distribution-342-health-workers-died-due-to-covid19-cases>.

³ implementation of occupational safety and health activities at the Puskesmas during the COVID-19 pandemic was constrained by security when carrying out medical actions in emergency services, namely not using PPE according to standards, decontamination of medical equipment, and suboptimal medical waste management.

In conditions of the COVID-19 pandemic, the role of the Puskesmas is to provide health service delivery while still paying attention to health protocols in accordance with ¹⁷ the Minister of Health Decree number HK 01.07/MENKES/1591/2020 concerning Health Protocols in Health Service Facilities in the Context of Prevention and Control of Covid-19. The problem with health services at Puskesmas during the COVID-19 pandemic is that discipline in complying with health protocols is lacking, many patients or health workers themselves do not carry out 3M (maintaining distance, wearing masks, washing hands), prevention and control of health center risk factors are less than optimal, such as not washing hands. soap before and after examining patients, lack of disinfection of work environment facilities, not wearing Personal Protective Equipment (PPE) during activities outside the Puskesmas building so that it can increase the risk of being exposed to Covid19. From the description above, it is not surprising that many Puskesmas health workers have been ¹⁶ exposed and even confirmed cases of COVID-19. The workload of Puskesmas health workers in efforts to prevent and control COVID-19 is very heavy, namely prevention, detection, and response efforts as one of the activities in providing quality health services in order to achieve the highest level of health for the community during the Covid19 pandemic. Based on the description above, the problem in this writing is how the role of the Puskesmas in the ¹⁶ Occupational Safety of Health Workers Due to the Covid-19 Pandemic is. The workload of Puskesmas health workers in efforts to prevent and control COVID-19 is very heavy, namely prevention, detection, and response efforts as one of the activities in providing quality health services in order to achieve the highest level of health for the community during the Covid19 pandemic.

PROBLEM

1. What is the role of the Puskesmas in the work safety of health workers due to Covid19 pandemic?
2. How is legal protection for Puskesmas health workers in the future of Covid19 pandemic?

RESEARCH METHOD

The research method of this scientific journal is juridical sociology where this research is built from social facts related to the real work of law that is faced in public health facilities. The juridical factors in this study are all regulations related to legal protection for the safety of health workers at the Puskesmas. The sociological factor is the role of the Puskesmas in the work safety of health workers due to Covid19 in Demak Regency. With a qualitative approach

method to draw conclusions in order to answer the problems studied. The subjects of the study were health workers at the puskesmas, doctors, nurses, and midwives. The object of research is the role of the Puskesmas in the Occupational Safety of Health Workers due to Covid19 in the implementation of infection prevention and control at the Demak District Health Center. The type of research data is primary data and strengthened by secondary data. Primary data obtained through interviews and observations. Secondary data from various legal materials, namely primary legal materials, secondary legal materials, tertiary legal materials.

DISCUSSION

The Role of the Health Center in the Occupational Safety of Health Workers due to the Covid-19 Pandemic

Community Health Center is a Community Health Center that has the position, main tasks and functions. Puskesmas is a functional health organization function, has the main task as a center for community health development which also fosters community participation in addition to providing comprehensive services including promotive, preventive, curative and rehabilitative and integrated to the community in its working area in the form of main activities, namely health efforts. individual and public health efforts. The objectives of health development in puskesmas are: First, change people's behavior so that they live healthy in all settings, namely household arrangements, educational institutions, work places, health facilities, places of worship, and public places. Second, make the community environment to stay healthy, namely community sanitation is fulfilled, namely clean water facilities, latrine facilities, garbage facilities, and waste disposal facilities. Third, Reaching quality services, namely services that can provide patient satisfaction with our services. Fourth, improve optimal health. The principles of implementing the Puskesmas are a healthy paradigm, regional accountability, community independence, availability of access to health services, appropriate technology, integration and sustainability. In an effort to provide quality services, Puskesmas during the pandemic continue to provide services by taking into account the principles of prevention and control of Covid19 in order to break the chain of transmission of Covid19, namely: First, Prevention Efforts are to arrange visit schedules, service flows, and initial screening of patients coming for treatment. The service schedule for patient visits is limited from seven hours to four hours to avoid contact so that health workers are protected from Covid-19 transmission.

The service flow during the Covid-19 period has changed, namely:

- 1). At the entrance to the workplace take temperature measurements using a thermogan. Before entering work, a Covid-19 risk self-assessment is determined to ensure workers are in good health.

- 2). Working hours are not too long or overtime, resulting in decreased immunity due to lack of rest.
- 3). for the system of working three shifts for night work abolished.
- 4). Mandatory wearing masks while at work and from home to return.
- 5). regulate the nutritional intake of food/supplements/lots of fruit provided by the workplace.
- 6). Ensure the cleanliness of the workplace
- 7). provide more means of washing hands with soap.
- 8). install education on how to wash hands properly.
- 9). provide hand sanitizer with a minimum alcohol concentration of 70% in places where it is needed: entrances, meeting rooms, elevator doors, etc.

Implementing physical distancing in all work activities, setting the distance between workers at least 1 meter. That is the role of the Puskesmas in facilitating a safe and healthy workplace free of Covid19 to ensure the safety of health workers so they are not exposed to Covid19. With the existence of a legal policy that regulates attitudes and behavior related to health services, of course, it must be balanced with changes in individual behavior that it regulates so as to create good and healthy health services so as to provide legal certainty and protection for all parties in the implementation of health services. Second, detection, namely laboratory examination, rapid test examination, counseling. The Puskesmas in the detection of Covid-19 conducts observation and monitoring activities for patients or health workers who have been confirmed or have symptoms of Covid19. Previously, laboratory tests had to be carried out to confirm whether the diagnosis was suspected, probable or confirmed COVID-19. Third, the response is to carry out clinical management according to the patient's condition, taking into account the principles of infection prevention and control. For Health Workers who are confirmed to have COVID-19 without symptoms, the Puskesmas will provide an assessment of the feasibility of self-isolation at home for 14 days. Referring to law number 6 of 2018 article 54 concerning health quarantine, it is stated that members of the public are not allowed to go in and out during the quarantine period and if someone is sick, isolation measures are taken and immediately taken to the hospital. In the context of preventing and controlling Covid-19 in health service facilities as a place used to carry out health service efforts, the potential for the spread of infectious diseases, including covid19. The source of infection transmission can come from the community/community or from the health service facility itself. Health service-related infections (HAIs) are infections that do not only come from health facilities and patients but can also come from health workers, visitors/visitors of patients who are infected while in the health care facility. So that the health center facilities must carry out health protocols with the PPI principle (Infection Prevention and Control) as a safety standard in providing health services. PPE) is complete when dealing with patients related to Covid19, especially those in isolation rooms. But the reality is that the level of compliance with hand washing with soap is

only 75% and the use of personal protective equipment is only 80%.. The flow of Puskesmas health services in preventing and controlling COVID-19 in the building is that when registering patients are required to wear masks, wash their hands with soap, screen their body temperature, patients who seek treatment are required to wait outside the building with social distancing seats. Medical personnel continue to use PPE when patients seek treatment. The distance between the patient and the examiner is approximately 2 meters. The procedure for the hours of health services at the puskesmas is regulated so that there are no crowds. But in reality, the standard of compliance with hand washing with soap and social distancing is not being paid attention to.

Meanwhile, PPI in the community must 1) Wash hands regularly 2) Avoid crowds 3) Avoid touching eyes, nose and mouth 4) Practice coughing and sneezing etiquette 4) Stay at home 5) Avoid areas with a high number of COVID-19 cases 6) Self-quarantine for seven days 7) if you have a history of traveling to an infected area 8) Do not shake hands 9) Change clothes immediately and take a shower after traveling outside the house 10) Clean items that are often touched 11) Use a mask if you have to leave the house. Those are all the roles of the Puskesmas in efforts to prevent and control Covid-19 in monitoring and evaluating the policies that have been set. But the reality is that the implementation of health protocols at the Puskesmas is not being followed. 3M compliance, namely washing hands, maintaining distance, wearing masks to avoid crowds, is still low.

1 Legal Protection for Occupational Health and Safety of Health Workers Due to the Covid-19 Pandemic

13 Law number 36 of 2014 concerning Health Health workers have a very important role to improve maximum health services to the community so that people are able to increase awareness, willingness and ability to live a healthy life in order to realize the highest degree of health and ensure quality health services. The law provides protection for health workers as a right to obtain safety and health in health care facilities during the Covid-19 pandemic. **18** Article 26 paragraph 2 concerning health service facilities must consider the fulfillment of the needs of health workers for clothing, food, board and location, as well as the safety and security of health workers in accordance with the provisions of the law. According to the reality, the implementation of occupational safety and health standards in health facilities is still weak, namely standard precautions through the moment of washing hands with soap before entering the Puskesmas room. Cultivation of Clean and Healthy Life Behavior is lacking, many ignore health protocols, the management of

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³ Puskesmas, 2020, monitoring data on the evaluation of the Prevention and Control of Covid-19 Demak

medical waste processing facilities is not effective.⁴ Referring to the Law of the Republic of Indonesia number 36 of 2014 concerning Health Workers Article 57 that health workers have the right to:

1. Obtain legal protection in carrying out tasks in accordance with the Standard Profession, Professional service standards and Standard Procedures Operations.
2. Obtain complete and correct information from health service recipients
3. Receive service fee
4. Obtain protection for occupational safety and health, treatment in accordance with human dignity, morals, decency, and religious values
5. Opportunity to get professional development
6. Refuse the wishes of recipients of health services or other parties that are contrary to professional standards, codes of ethics, service standards, standard service procedures, standard operating procedures, or provisions of laws and regulations
7. Obtain other rights in accordance with the provisions of the legislation

Protection of health workers has also been regulated in Articles 8 and 9 of Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases. Article 8 paragraph (1) of the law states that those who suffer property losses caused by efforts to contain the epidemic as referred to in Article 5 can be given compensation. Likewise, in Article 9 paragraph (1) it has also been explicitly regulated that certain officers who carry out efforts to control the epidemic as referred to in Article 5 can be rewarded for the risks borne in carrying out their duties.

2. Regulation of the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Community Health Centers

To realize an effective, efficient, and accountable public health center in the provision of quality and sustainable first-level health services by paying attention to the safety of patients, health workers and the community as well as in an effort to develop comprehensive, tiered and integrated health, the Public Health Center is obliged to seek, provide, organize services. quality in meeting the needs of the community for quality health services. During the Covid-19 pandemic, the Puskesmas continued to carry out services to meet the patient's need for health services. In addition, there was an additional task load, namely efforts to prevent and control Covid-19 in prevention, detection and response. With a high workload, the Puskesmas is obliged to provide facilities for health workers such as the fulfillment of PPE, Masks, and fulfillment of nutrition and incentives. In terms of the management of facilities and infrastructure that causes the risk of disease transmission at the Puskesmas, it is necessary to supervise the management process according to occupational safety and health aspects.

⁴ SASI e-journal vol.26 No 2, April-June 2020

3. Ministerial Decree number HK.07/MENKES/1591/2020 concerning health protocols in health service facilities in the context of preventing the control of 2019 corona virus diseases.

The implementation of health protocols at health facilities is in principle in accordance with the basic concepts of infection prevention and control (PPI), which include:

- a. The health facilities leadership determines the PPI policy and its management.
- b. Health workers make sure they are in good health before leaving for work
- c. Patients must comply with the regulations in force at the health facilities, namely providing honest, complete and accurate information and complying with the therapy plan recommended by health workers at the health facilities after receiving an explanation in accordance with statutory provisions.
- d. Visitors to the Health Facilities comply with the Health Care Program and regulations that apply to the health facilities

The problem is that the implementation of standard operating procedures for screening and disease management for COVID-19 patients is not optimal. There is no legality of COVID-19 screening so that the information provided by patients is inaccurate for fear that if they are diagnosed with COVID-19, they are afraid of stigmatization in the community. The role of the PPI in health care facilities is less than optimal due to the ignorance and inability of PPI officers in dealing with the Covid-19 problem in health services. Supervision of health workers, patients, and visitors in complying with health protocols is not maximal because many patients do not practice the 4 M, do not wear masks, do not keep their distance from crowding at registration, do not wash their hands. There are cases of health workers affected by COVID-19.

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4. Regulation of the Minister of Health of the Republic of Indonesia Number 52 of 2018 concerning Occupational Safety and Health in Health Service Facilities

Chapter 11 article 3 states that the application of standard precautions through hand washing to prevent cross infection, use of personal protective equipment, management of needles and sharp tools to prevent injury, waste management and room sanitation. That is the obligation of the puskesmas in minimizing the risk of transmission of COVID-19.

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5. Regulation of the Minister of Health of the Republic of Indonesia number 27 of 2017 concerning Guidelines for Prevention and Control of Infections in Health care facilities

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Infection Prevention and Control (PPI) is an effort to prevent and minimize the occurrence of infections in patients, staff, visitors and the community around health care facilities. The PPI is an effort to ensure protection for everyone against the possibility of contracting infections from general public sources and when receiving health services at various health facilities. Medical services can be modified to prevent the transmission of COVID-19, among others by implementing triage/screening for every visitor who comes, changing the flow of services, providing a special ARI examination room, changing the patient's seat position, during service (the distance from the staff is widened), use a special box for patients who receive an aerosol-

generating procedure that is disinfected according to the guidelines after use, or use a transparent barrier between health workers and patients. PPI in puskesmas, namely in activities 1) washing hands with soap has not been fully implemented by officers, during and before carrying out medical actions. CTPS of patients at the time of treatment had not been carried out, some had CTPS, some did not. 2) the use of masks for officers has been carried out but for patients the use of masks is less effective because sometimes it is raised and lowered not covering the mouth and nose. It is necessary to enforce discipline in health protocols when seeking treatment at Health Facilities in an effort to break the chain of transmission of Covid19. PPI in puskesmas, namely in activities 1) washing hands with soap has not been fully implemented by officers, during and before carrying out medical actions. CTPS of patients at the time of treatment had not been carried out, some had CTPS, some did not. 2) the use of masks for officers has been carried out but for patients the use of masks is less effective because sometimes it is raised and lowered not covering the mouth and nose. It is necessary to enforce discipline in health protocols when seeking treatment at Health Facilities in an effort to break the chain of transmission of Covid19. PPI in puskesmas, namely in activities 1) washing hands with soap has not been fully implemented by officers, during and before carrying out medical actions. CTPS of patients at the time of treatment had not been carried out, some had CTPS, some did not. 2) the use of masks for officers has been carried out but for patients the use of masks is less effective because sometimes it is raised and lowered not covering the mouth and nose. It is necessary to enforce discipline in health protocols when seeking treatment at Health Facilities in an effort to break the chain of transmission of Covid19. 2) the use of masks for officers has been carried out but for patients the use of masks is less effective because sometimes it is raised and lowered not covering the mouth and nose. It is necessary to enforce discipline in health protocols when seeking treatment at Health Facilities in an effort to break the chain of transmission of Covid19. 2) the use of masks for officers has been carried out but for patients the use of masks is less effective because sometimes it is raised and lowered not covering the mouth and nose. It is necessary to enforce discipline in health protocols when seeking treatment at Health Facilities in an effort to break the chain of transmission of Covid19.

CONCLUSION

Health protocols in health care facilities in an effort to prevent and control Covid-19 are prepared to increase the role and vigilance in anticipating potential transmission in Health Facilities. With the involvement of all parties, both local governments, health facilities, communities and other stakeholders in preventing and controlling the transmission of Covid19, health facilities can help minimize the impact caused by Covid19. Health protection for health workers, patients, and visitors when providing services and/or being in the health facility environment and can contribute to preventing the transmission or spread of Covid19.

Many kinds of regulations during this pandemic are issued by the central government and local governments in controlling Covid19, of course, they must be effective in their application, namely the community must comply and change their behavior to always apply health protocols to break the chain of transmission of Covid19. The reality in the field has not changed the number of Covid-19 cases, but it is increasing so that integration and synchronization coordination are needed together in an effort to break the transmission of Covid19. The rules governing the legal protection and work safety of health workers due to the Covid-19 pandemic cannot be implemented properly as mandated in the legislation. Therefore, Police, local government officials from the highest level to the lowest level, TNI officers, state institutions need to carry out socialization and approach to the community to provide an understanding of the importance of taking preventive actions against the spread of this virus. The government must be able to provide answers to people's concerns with the existence of social restrictions, both small and large scale.

Suggestions

The Covid-19 prevention and control (PPI) must be carried out upright, both inside and outside the building. The implementation of standard precautions cannot be ignored, such as; Use of Personal Protective Equipment, Handwashing with Soap, environmental decontamination, respiratory hygiene/cough etiquette (wear masks), ventilation settings, infection management in services.

In facing the big challenges during the covid19 pandemic, the function of the Puskesmas must be carried out properly according to PMK number 43 of 2019. To be relevant to the Adaptation of New Habits today, namely ensuring that the work area can enforce health protocols requires a grueling struggle; the habit of wearing masks, CTPS, social distancing outside the home takes time and energy for the Puskesmas to raise awareness and discipline, human resource management, planning, community empowerment, and cross-sectoral mobilization to respond to promotive prevention during the Covid19 pandemic.

The workload of the Puskesmas makes the available human resources tired and under pressure so that in carrying out prevention, detection, response, the puskesmas must return to the promotive and preventive realm, so handling individual health and COVID-19 medical services is under the authority of follow-up health facilities (Referral Hospital). Puskesmas should be involved in promotive and preventive services only, not involved in medical services like now, it is feared that more and more Health Center Health Workers are infected with covid19, the number of human resources who are positive for covid19, the Puskesmas services are closed resulting in disruption of the public health service system in general. According to Article 57 of the Health Manpower Act, it is very necessary for the profession of health workers to obtain legal protection in carrying out their duties.

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