

Occupational Safety and Health Protection for Health Workers during the Covid-19 Pandemic at AMC Hospital Yogyakarta

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Occupational Safety and Health Protection for Health Workers during the Covid-19 Pandemic at AMC Hospital Yogyakarta

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ABSTRACT. The Corona Virus Disease 2019 (Covid-19) pandemic has affected almost all sectors, especially health sector. Standing in the forefront in handling the Covid-19 patients, healthcare workers are exposed to the high risk of virus transmission. Therefore, Occupational Safety and Health (OSH) protection of healthcare workers should also get serious attention from various parties, especially employers. AMC hospital is one of the healthcare facilities in Yogyakarta that is engaged in the fight against the Covid-19 outbreak. The aim of this research is to explore the way AMC Hospital implement the occupational safety and health protection for its healthcare workers during the Covid-19 Pandemic. The type of this research is empirical legal research which examines the application of relevant legal provisions in regard to the issue of occupational safety and healthcare protection for healthcare workers in AMC Hospital Yogyakarta. The results of the study show that AMC hospital successfully implemented OSH during the pandemic in an effort to protect healthcare workers. Further, Occupational Diseases (PAK) caused by Covid-19 are covered by the Work Accident Insurance (JKK) program and the Social Health Insurance Administration Body (BPJS) in compliance with legal requirements.

KEYWORDS. Covid-19 Pandemic, Healthcare Workers, Occupational Safety and Health.

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Introduction

The COVID-19 pandemic has put new challenges for all countries. The spread of COVID-19 in various countries has seriously impacted health, social and economic aspects. Activity restrictions and some preventive measures were also taken. The Government of Indonesia then issued Presidential Decree Number 11 of 2020 concerning the Determination of Public Health Emergency Corona Virus Disease 2019 (COVID-19) and the Presidential Decree Number 12 of 2020 concerning the Designation of Non-Natural Disasters Spreading Corona Virus Disease 2019 (COVID-19) as a National Disaster.

The health industry is one of the areas that has been affected the worst by the pandemic.² Difficulty in the health sector is getting worse after the

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² Yana Sylvana, Laksanto Utomo, "Medical Safety Legal Protection based on Hospital Law in the Covid 19 Era." *Jurnal Indonesia Sosial Sains*, 2(8), 2021, pp. 1381-1389.

COVID-19 pandemic in Indonesia. During the COVID-19 outbreak, attending school or the workplace has grown more complicated, and most activities are now conducted online. But not with hospitals; since this job cannot be done online, health workers must continue working there, where a hospital is a high-risk place for spreading the virus. It makes those working in hospitals have to fight these high risks daily.

The surge in Covid-19 cases in Yogyakarta has resulted in many patients being treated in several hospitals. This condition resulted in a shortage of health workers because many were exposed to COVID-19.³ The Daily Chair of the Yogyakarta City COVID-19 Task Force, Heroe Poerwadi said, the transmission of Covid-19 in the City of Yogyakarta was high-speed. Currently, 4,181 active cases and 107 health workers have been exposed to COVID-19.⁴

Health workers exposed to COVID-19 are found in various health facilities, from health centers and hospitals to the health office environment. They are very vulnerable to contracting the virus because they have a lot of contact with COVID-19 patients. These risks, especially in emergencies such as the COVID-19 pandemic, highlight the necessity of Occupational Safety and Health (OSH) in healthcare facilities, particularly hospitals.

OSH is generally defined as the science of anticipating, recognizing, evaluating, and controlling hazards that arise in the workplace and can interfere with the health and welfare of workers.⁵ Article 23 of the Health Law states that OSH efforts must be carried out in all workplaces, especially those susceptible to disease, with a risk of health hazards, or with at least ten employees.⁶ Therefore, it is clear that hospitals are included in the criteria for workplaces with various hazards that can cause health impacts and need to implement Occupational Health and Safety efforts.

Every company must implement an occupational health and safety management system integrated with the company's management system.⁷

³ Kuntadi, "Banyak yang Terpapar COVID-19, Rumah Sakit di DIY Kekurangan Tenaga Kesehatan." Available from: <https://yogya.inews.id/berita/banyak-yang-terpapar-covid-19-rumah-sakit-di-diy-kekurangan-tenaga-kesehatan>. [Accessed June 29, 2022].

⁴ Kuntadi, "107 Tenaga Kesehatan di Yogyakarta Terpapar COVID-19." Available from: <https://yogya.inews.id/berita/107-tenaga-kesehatan-di-yogyakarta-terpapar-covid-19>. [Accessed February 25, 2022].

⁵ Qomariyatus Sholihah, *Keselamatan dan Kesehatan Kerja Konstruksi*, Malang, UB Press, 2018, p. 1.

⁶ Article 23 of the Law Number 36 of 2009 concerning Health.

⁷ Bagus Sarnawa, *Hukum Ketenagakerjaan*, Bantul, Laboratorium Ilmu Hukum UMY, 2010, p. 94.

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Occupational Safety and Health are necessary not only for increasing workers' social security and welfare but also to have a beneficial impact on the long-term productivity of the workplace.⁸ As a result, modern occupational safety and health is a responsibility that workers must consider and a requirement that a workplace system must fulfill. Therefore, it is critical to emphasize that health workers, both doctors, nurses, and hospital administration staff, are entitled to legal protection from the government and support from the hospital.

The Indonesian government is required by law to offer legal protection to health workers, as stated in Article 28D paragraph (1) of the 1945 Constitution, which states that everyone has the right to recognition, guarantees, fair legal certainty, and equal treatment before the law.⁹ Workers' rights to Occupational Safety and Health have been guaranteed by Law Number 13 of 2003 concerning Manpower. Article 86 of the Manpower Law states that every worker/laborer has the right to obtain occupational safety and health protection.¹⁰ Work safety and health efforts are carried out to protect the safety of workers/laborer's from realizing optimal work productivity.

Specifically related to health, the regulation is also contained in Law Number 36 of 2009 concerning Health (Health Law). Article 164 of the Health Law states that occupational health efforts aim to protect workers so that they live healthy and free from health problems and adverse effects caused by work.¹¹

More specifically, according to Article 3 of the Regulation of the Minister of Health Number 66 of 2016 concerning Hospital Occupational Health and Safety (HOSH), every hospital is required to organize Hospital Occupational Safety and Health.¹² The regulation aims to implement occupational safety and health in hospitals optimally, effectively, efficiently, and sustainably.¹³

⁸ Abdul Aziz, Susanto, Rr. Dewi Anggraeni, "The Implementation of Occupational Safety and Health Law Enforcement in According to Law Number 1 of 1970 Concerning Work Safety and Act Number 36 of 2009 Concerning Health (Study at PT. Yamaha Indonesia)." *Surya Kencana Tiga*, 1(1), 2021, pp. 46-64.

⁹ Article 28D paragraph (1) of the 1945 Constitution of the Republic of Indonesia.

¹⁰ Article 86 of the Law Number 13 of 2003 concerning Manpower.

¹¹ Article 164 of the Law Number 36 of 2014 concerning Health Workers.

¹² Article 3 of the Regulation of the Minister of Health Number 66 of 2016 concerning Hospital Occupational Health and Safety (K3RS).

¹³ *Ibid*, Article 2.

Several regulations regarding Hospital Occupational Safety and Health are already available in Indonesia, but in reality, many health workers in hospitals are still affected by COVID-19. Health workers are willing to devote themselves to serving public health and even sacrifice their lives and families to tackle the spread of Covid-19. As one of the hospitals still operating during the COVID-19 pandemic, AMC Muhammadiyah Hospital Yogyakarta health workers must take special care to safeguard their safety and health. Based on the description above, this research focuses on Occupational Safety and Health Protection for Health Care Workers during the COVID-19 Pandemic at AMC Muhammadiyah Hospital Yogyakarta.

Method

The type of this research is empirical legal research, in which the author examines the applicable legal provisions and observes what is happening in reality in society to obtain accurate field information. This research includes research on legal identification and research on legal effectiveness. The method of collecting data in this research is through primary data collecting and secondary data from library research by literature learning. Primary data were obtained through direct interviews with the Department of Manpower and Transmigration Yogyakarta, the Head of K3, doctors, and nurses at AMC Muhammadiyah Hospital Yogyakarta. The secondary data approach collects material about this thesis topic through reading, writing, analyzing, and collating data. Secondary data is obtained from the literature and the “legislative approach” which means it is possible to examine the laws related to the legal issues being studied. The author attempts to reach a conclusion after collecting data from documents such as international and national legal instruments, books, journals, and other sources related to the main problem that is the focus of this research.

Implementation of Occupational Safety and Health Protection for Health Care Workers in Indonesia

The primary OSH law in Indonesia is the Work Safety Act on Law Number 1 of 1970. This law covers all workplaces and emphasizes

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prevention primarily. Indonesia has adopted one most comprehensive laws on the OSH management system (OSHMS). The Manpower Act Law Number 13 of 2003 stipulates in Article 87 that: “*Every workplace shall implement an occupational safety and health management system.*”¹⁴

Occupational safety and health, especially for doctors, are essential. Doctors, as one the human resources in health facilities at first and advanced levels, risk contracting biological exposure to the SARS-CoV-2 virus during the COVID-19 pandemic. The level of risk of contracting the SARS-CoV-2 virus for doctors can be divided into four groups:

1. Low-risk doctors who do not provide services or direct contact with suspected/probable/confirmed COVID-19 patients, for example, doctors in management.
2. Moderate risk namely doctors who provide services or direct contact with patients whose status is not known to be infected with COVID-19.
3. High-risk, namely doctors who provide services to suspect/probable/confirmed COVID-19 but do not include aerosol action.
4. Very high risk, namely doctors who perform aerosol procedures on suspected/probable/confirmed COVID-19 patients, as well as doctors who take respiratory specimens (nasopharynx and oropharynx) and autopsies.¹⁵

Since Law Number 1 of 1970 concerning Occupational Safety, the legal system in Indonesia has regulated occupational health and safety. The regulation was enacted to control workplace safety as society, industrialization, and technology progressed. This law also emphasizes that workers have a right to safety while working for the betterment of society and for increased national production and productivity. The law also regulates the formation of an Occupational Safety and Health Development Committee.

Furthermore, the regulation of Occupational Safety and Health as a basic right of workers is also confirmed in Law Number 13 of 2003 concerning Manpower. Specifically related to health, the regulation is also contained in Law Number 36 of 2009 concerning Health (Health Law). The

¹⁴ Article 87 of Law Number 13 of 2003 concerning Manpower.

¹⁵ PB IDI , “Pedoman Standar Perlindungan Dokter di Era Covid-19.” Available from: https://www.pdspatklin.or.id/assets/files/pdspatklin_2020_09_09_18_05_48.pdf. [Accessed August 27, 2022].

provisions in the Occupational Safety Law, Manpower Law, and Health Law have become the legal basis for applying Occupational Safety and Health in every work relationship. In addition, there are several arrangements on the type of legislation under the law that regulates more technical implementation. These laws and regulations include:

- a. Law Number 4 of 1984 on Outbreaks of Infectious Diseases Concerning Medical Practice;
- b. United Nations General Assembly Resolution 24 of 2007 on Disaster Management Health Quarantine;
- c. Law Number 36 of 2009 concerning Health;
- d. Law Number 44 of 2009 concerning Hospitals;
- e. Medical Service Standards Minister of Health Regulation Number 1438 of 2010;
- f. Minister of Health Regulation Number 1501 of 2010 on Certain Infectious Diseases that Have the Potential to Cause Outbreaks and Containment Efforts;
- g. Government Regulation Number 50 of 2012 concerning Occupational Health and Safety Management System;
- h. Presidential Regulation Number 34 of 2014 concerning Ratification of the Convention Concerning the Promotional Framework for Occupational Safety and Health/Convention 187 of 2006;
- i. Regulation of the Minister of Manpower Number 18 of 2016 on the Occupational Safety and Health Council;
- j. Minister of Health Regulation Number 56 of 2016 concerning the Implementation of Occupational Disease Services;
- k. Regulation Number 66 of 2016 of the Minister of Health on Occupational Safety and Health in Hospitals;
- l. Regulation Number 27 of 2017 of the Minister of Health Establishing Guidelines for Infection Prevention and Control in Health Facilities;
- m. Minister of Manpower Regulation Number 5 of 2018 concerning Occupational Health and Safety in the Work Environment;
- n. Law Number 6 of 2018 concerning Health Quarantine;
- o. Presidential Decree Number 17 of 2018 on Disaster Management in Specific Circumstances
- p. Presidential Regulation Number 7 of 2019 concerning Occupational Diseases;

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- q. Government Regulation Number 88 of 2019 concerning Occupational Health.

The Minister of Manpower, Ida Fauziyah, issued a Circular Letter of the Minister of Manpower of the Republic of Indonesia Number M/8/HK.04/V/2020 concerning the Protection of Workers/Laborers in the Work Accident Insurance Program in Cases of Occupational Diseases Due to Corona Virus Disease 2019 (Covid-19). The issuance of this regulation is based on the Presidential Regulation of the Republic of Indonesia Number 7 of 2019 concerning Occupational Diseases. Covid-19 can be categorized as an Occupational Disease (PAK) in classifying diseases caused by exposure to factors arising from work activities, namely the biological exposure factors.¹⁶

Workers/laborer's who can be categorized as having particular/specific risks that can result in Occupational Diseases due to Covid-19, namely:

- (1) Medical workers and health workers, including medical workers and health workers who are responsible for treating/treating patients in hospitals, health facilities, or other locations designated by the government to treat/treat Covid-19-infected patients;
- (2) Health support staff at hospitals, health facilities, and/or other places designated to treat patients infected with Covid-19. They include cleaning services, laundry workers, and others; and
- (3) a team of volunteers tasked with tackling the Covid-19 pandemic.

In such situations. Companies that employ workers/laborers in jobs with particular/specific risks are required to:

1. Register the workers/laborers in the social security program at BPJS Employment;
2. Ensure that workers/laborers receive Accident insurance (JKK) benefits.

During the COVID-19 outbreak, several healthcare personnel had to risk their lives to stop the virus's spread until they were infected and died. In addition, it is the government's responsibility to provide healthcare facilities for healthcare workers to perform their duties. As a result, the central government and regional governments are responsible for the provision of

¹⁶ Biro Humas Kemnaker, "Tenaga Medis Hingga Relawan Covid-19 Berhak atas Jaminan Kecelakaan Kerja." Available from: <https://disnakertrans.ntbprov.go.id/tenaga-medis-hingga-relawan-covid-19-berhak-atas-jaminan-kecelakaan-kerja/>. [Accessed August 17, 2022].

health service facilities within the context of reaching the highest possible level of health. Article 6 of Government Regulation No. 47 of 2016 Relating to Health Service Facilities, the government has the following responsibilities:

1. Facilitating the accessibility of medical equipment on the field.
2. Assuring that the rights of the community and medical professionals are respected.
3. Public information transparency, and
4. Implementing policies reflective of human rights and democratic principles.¹⁷

The main target of Hospital Occupational Health and Safety (HOSH) is hospital employees. Still, the distribution of potential hazards for certain types of risk is also exposed to non-employees, such as patients, patient companions, and visitors, especially for possible dangers from biological, chemical and waste factors. To realize the optimization of OSH, the Minister of Health Regulation regulates the organization and assessment of the implementation of HOSH.

Related to the organization, the Minister of Health Regulation HOSH stipulates that each hospital establishes or appoints a functional work unit responsible for organizing HOSH. Such a unit can be in the form of a separate committee or integrated with other committees and/or HOSH installations. The HOSH Committee is directly responsible to the highest leadership of the hospital. Committee members consist of all members of the Board of Directors and/or heads/representatives of each work unit (Installation/Department/Functional Medical Staff). In addition, the committee has a secretary. If the hospital establishes a HOSH installation, the head of the installation is responsible to the technical director.¹⁸

In addition, hospitals can also form separate occupational health service units or be integrated with outpatient service units that already exist in hospitals. This unit is intended for hospital HR. Another effort made by the hospital is the HOSH assessment which can be carried out internally and externally. HOSH external assessment is integrated with hospital accreditation. Materials on HOSH organization and evaluation combined with accreditation are a strategy to ensure that the implementation of HOSH

¹⁷ *Op. Cit*, Yana Slyna, p. 1388.

¹⁸ Sholikin, M. N. "Aspek Hukum Keselamatan dan Kesehatan Kerja (K3) Bagi Tenaga Medis dan Kesehatan di Masa Pandemi." *Majalah Hukum Nasional*, 50(2), 2020, pp. 164-182.

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can be carried out optimally and continuously to protect hospital workers as the primary target, which will have an impact on patients, patient companions, and hospital supporters.¹⁹

The Implementation of Occupational Safety and Health Protection for Health Care Workers at AMC Muhammadiyah Hospital Yogyakarta during the Covid-19 Pandemic

The authors interviewed the head of Occupational Safety and Health (OSH), doctors, and nurses at AMC Muhammadiyah Hospital Yogyakarta to find out how to implement OSH protection for healthcare workers in the hospital. Based on the information the author received, the source said that one of the efforts to implement OSH at the AMC Muhammadiyah Hospital Yogyakarta was to provide consumable and reusable Personal Protective Equipment (PPE) to avoid exposure to nosocomial infections (INOS - an infection that develops in the hospital environment) through the pharmacy/environmental Health/electromedical unit, including carrying out routine maintenance, control, and calibration.

Hospitals always provide complete PPE such as masks, gloves, gowns, etc. The equipment used is always in good condition. The hospital and staff always carry out periodic checks on the equipment used. So that if there is a problem with the equipment, the hospital always makes repairs before use. The hospital always replaces damaged or non-standard PPE with newer and safer ones.

Equipment is always controlled before use, calibrated according to recommendations, not used if it has passed the usable time, repaired if it suffers minor damage, and replaced with another unit if it suffers moderate or severe injury. The hospital checks and controls OSH every month for every tool it has. Furthermore, the equipment is always maintained before use, calibrated according to recommendations, not used when it is past its usable time, repaired if it suffers minor damage, and replaced with another unit if it suffers moderate or severe injury.

¹⁹ *Ibid*, p.173.

Based on information obtained from informants, The OSH protection policy is established by establishing a Hospital Occupational Safety and Health (HOSH) organizational structure as well as firefighter training. The OSH team carries out OSH control, which is attended by the hospital's medical and non-medical staff. OSH evaluation meetings are held once a month. In the event of a work accident, data will be collected by the hospital. The management carries out work accident data collection. The work accident reporting flow starts with the person who has a work accident reporting to the head of the installation/team leader. Then the report is forwarded to the OSH hospital committee. From the OSH Hospital committee, it will then proceed to the management section as archives and evaluation material.

Regarding efforts to optimize OSH during a pandemic, at AMC Muhammadiyah Hospital Yogyakarta there is no monitoring from the Department of Manpower and Transmigration to the AMC Muhammadiyah Hospital Yogyakarta. Besides that, there is also no relationship /communication between the Department of Manpower and Transmigration related to Covid-19 surveillance. In fact, according to the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/328/2020 concerning Guidelines for the Prevention and Control of Corona Virus Disease 2019 (Covid-19) in Office and Industrial Workplaces in Supporting Business Continuity in Pandemic Situations:

“The Manpower Office, together with the Health Office, carry out socialization, guidance, and supervision to prevent and control COVID-19 and the workplace.”²⁰

According to the informant, during Covid-19 there were health workers who were exposed to the virus, and all divisions had one or more team members who were exposed to Covid-19. The hospital provides facilities in the form of vitamins, additional nutrition, medicine for those who are declared Covid-19, and free Ag/PCR swabs to trace close contacts.

In addition, hospitals provide health insurance for health workers through Social Health Insurance Administration Body (BPJS) and Employment BPJS. OSH continuously records if there is a work accident.

²⁰ Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/328/2020 concerning Guidelines for the Prevention and Control of Corona Virus Disease 2019 (Covid-19) in Office and Industrial Workplaces in Supporting Business Continuity in Pandemic Situations.

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Occupational accidents in the hospital will be immediately attended to/addressed in the Emergency Room Unit. Accidents outside the hospital are provided with insurance facilities through BPJS Employment.

During the Covid-19 Pandemic, the hospital anticipated transmission of Covid-19 from patients to hospital human resources, such as opening the Covid-19 ward at the peak of Covid-19, updating information when the process of treating Covid-19 patients took place, providing special infectious BHP (all body cover clothes, N95 masks, portable water) purifier, permanent suction unit, gown/cloak as outer/initial protection, there is a chamber for swabs, etc.). The hospital also provides OSH education and training one of the programs that have been carried out is the OSH webinar and the firefighters training webinar.

OSH Supervision in Hospitals by the Yogyakarta Manpower and Transmigration Office during Covid-19

Supervision Division of OSH of the Yogyakarta Manpower and Transmigration Office. Through the Department of Manpower and Transmigration, the government has the task of carrying out manpower and transmigration affairs, one of which is the implementation of labor inspection. The State and the government have a primary responsibility to protect the welfare of their societies.²¹ Labor Inspection is the activity of supervising and enforcing the implementation of laws and regulations in the manpower sector.²²

Based on Law Number 13 of 2003 Article 176 paragraph (1) that: *“Manpower inspection is carried out by competent and independent labor inspectors to ensure the implementation of labor laws and regulations.”* Such objectives include overseeing the enactment of labor laws and regulations in particular. The labor inspector is a civil servant who is appointed and assigned to the functional position of the Labor Inspector in accordance with

²¹ Yudi Setiawan, Zaid, Nanik Prasetyoningsih, Mahbub Pasca, “A Libertarian Legitimacy for Mandatory Covid-19 Vaccination.” *Jurnal Media Hukum*, 29(2), 2022, pp. 90-96.

²² Article 1 paragraph 1 Government Regulation of 21 of 2010.

the provisions of the legislation.²³ The Labor Inspector has a very strategic and decisive role as well as being the spearhead in realizing harmonious, dynamic, and fair industrial relations in the company.

During the pandemic, there were 23 Office of Labor inspection officers who continued to visit companies, for instance, industrial companies, hotels, and hospitals) to carry out supervision and monitoring. This was done to find out the condition of the Covid-19 prevention facilities and their prevention. One form of prevention that is carried out when carrying out monitoring and supervision is to ensure the running and availability of checks on:

- a. Peduli Lindungi Apps
- b. Screening Covid-19
- c. Covid-19 Vaccinee.

Community Activities Restrictions Enforcement (PPKM) obstacles, not all companies are operational, except for hospitals because hospitals are encouraged to continue providing services to Covid-19 patients in accordance with letter number YR.03.03/III/III8/2020 addressed directly to all provincial, district/city Head of the Health Service, and directors principal/director/head of hospitals throughout Indonesia. Furthermore, hospitals still have to provide emergency services and require immediate treatment for diseases other than Covid-19.

Based on the results of the interviews, Yogyakarta Manpower and Transmigration Office has monitored companies and hospitals in Yogyakarta. However, monitoring does not cover all hospitals in Yogyakarta, only a few hospitals that report cases of Covid-19 in the scope of hospital employment.

During the 2020-2021 pandemic, the AMC Muhammadiyah Hospital Yogyakarta was one of the hospitals that the Yogyakarta Manpower Office recorded as not conducting direct (offline) surveillance or monitoring. During a pandemic, the Manpower Office took advantage of the priority scale when conducting visits (monitoring). Moreover, the Yogyakarta Manpower Office's Human Resources (HR) are limited. On the other hand, according to a Circular Letter Minister of Manpower of the Republic of Indonesia Number M/8/HK.04/V/2020 concerning the Protection of Workers/Laborer's in the

²³ *Ibid*, Article 1 paragraph 5 Government Regulation of 21 of 2010.

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Work Accident Insurance Program in Cases of Occupational Disease Due to Corona Virus Disease 2019 (Covid-19):²⁴

“Instruct the Head of Service in charge of manpower to assign the Labor Inspector to improve labor development and supervision in the field of OSH and social security for workers in accordance with statutory provisions.”

Further, refers to the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/328/2020 concerning Guidelines for the Prevention and Control of Corona Virus Disease 2019 (Covid-19) in Office and Industrial Workplaces in Supporting Business Continuity in Pandemic Situations:

“The Manpower Office, together with the Health Office, carry out socialization, guidance, and supervision to prevent and control COVID-19 and the workplace.”²⁵

In such a case, the Yogyakarta Manpower and Transmigration Office prioritizes visiting large-scale hospitals and increasing the number of workers during the Covid-19 pandemic. The work system of the Yogyakarta Manpower and Transmigration Office will monitor and visit hospitals or companies that make complaints. Based on the research visit, several workers at the AMC Muhammadiyah Hospital Yogyakarta were exposed to Covid-19. Further, the hospital has not reported or submitted a complaint regarding reports of hospital workers exposed to Covid-19.

On the other hand, the Yogyakarta Manpower and Transmigration Office Yogyakarta did not monitor and visit the AMC Muhammadiyah Hospital Yogyakarta when there were cases of workers from the AMC

²⁴ Circular Letter Minister of Manpower of the Republic of Indonesia Number M/8/HK.04/V/2020 concerning the Protection of Workers/Labourers in the Work Accident Insurance Program in Cases of Occupational Disease Due to Corona Virus Disease 2019 (Covid-19).

²⁵ Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/328/2020 concerning Guidelines for the Prevention and Control of Corona Virus Disease 2019 (Covid-19) in Office and Industrial Workplaces in Supporting Business Continuity in Pandemic Situations.

Muhammadiyah Hospital Yogyakarta who were exposed to Covid-19. The Department of Manpower admitted this because they did not receive a report from the Yogyakarta AMC Hospital. Before the pandemic, the AMC Muhammadiyah Hospital Yogyakarta was still receiving monitoring from the Department of Manpower. However, during the pandemic, the Yogyakarta City Department of Manpower did not monitor and visit to the Yogyakarta AMC Hospital.

Based on the explanation of the Yogyakarta Manpower Office before the Covid-19 pandemic occurred. The AMC Muhammadiyah Hospital Yogyakarta has been under direct observation. Until there was a pandemic, the AMC Muhammadiyah Hospital Yogyakarta had no complaints to the Department of Manpower regarding hospital workers exposed to Covid-19 and complaints of violations. Hence, AMC Muhammadiyah Hospital Yogyakarta still must report to the Department of Manpower before assisting in the process of claiming BPJS employment benefits. The reason was triggered because the hospital could still cope with its workers' exposure to Covid-19. Regulation of the Minister of Manpower of the Republic of Indonesia Number 1 of 2020, Presidential Regulation Number 7 of 2019, Decree of the Minister of Health for Covid-19, including occupational illness if workers are exposed to the Covid-19 virus at work. Such regulation regulates supervision, guidance, work norms, and OSH norms, one of which is Health in the workplace.

The labor inspector is responsible if anyone is exposed to Covid-19 during the pandemic, divided into a team from the office (the task of functioning as a labor inspector, led by the head of the agency) and the Covid-19 prevention task force team, the chairman of the governor, the technical head of the BNPB (National Disaster Management Agency) DIY, and department heads. When a pandemic, there are multiple intervals in which the PPKM level is low. It is sent directly to the business with the task force (Satpol PP, industry office, licensing service).

According to Article 6, Law Number 24 of 2017 concerning Disaster Management states that in implementing disaster management, the Government is responsible for protecting the public from the effects of disasters. The Covid-19 pandemic is one of the world's global disasters, including in Indonesia. Hence, as people dealing with this pandemic, health

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workers deserve health and safety guarantees to achieve health development.²⁶

During such a pandemic, the government, regional governments, and the community are responsible for the availability of resources, facilities, and the implementation of comprehensive and sustainable health care during disasters, under Article 82 paragraph 1 of Law Number 36 of 2009 on Health. In such scenario, the government must also ensure that health personnel have access to tools that promote occupational safety and health.

By using a priority scale, the Manpower Office focuses on being responsible in the workplace for all companies, including large companies that employ a large number of workers and companies that have been reported to have violated labor rights (for instance: complaints of being exposed but still being forced to work, or may not come but is not paid, PCR accommodation is not provided, Covid-19 positive test but forced to remain Work From Office (WFO), giving rise to new cases).

Since the beginning of the pandemic, the Manpower Office has continued to adjust and innovate. Angga Suanggana, S.H., M.H., as a Labor Inspector at the Department of Manpower and Transmigration for the Special Region of Yogyakarta, proposed online supervision. It was impossible to adapt offline supervision to the Covid-19 pandemic during the early stages. So, it needs to be done online to carry out control because it can endanger the safety and health of supervisors, who can also be at risk of being exposed to Covid-19.

Therefore, supervision of several companies is carried out online through WhatsApp and Zoom meetings. Online supervision in the red zone is done 100% online, so when the PPKM level drops, it will be done offline (direct supervision). After the vaccines began to be launched, various companies conducted online supervision and monitoring again. However, only a few people carry out direct control in the field. The Department of Manpower and Transmigration for the Special Region of Yogyakarta deploys workers under 50 years old with no comorbidities.

After receiving internal and external criticism for its management of COVID-19 in the country, the administration pushed for further rules to enforce more stringent COVID-19 control mechanisms. Indonesia has

²⁶ Sudiyo, Lathifah Hanim, "Perlindungan Hukum Bagi Tenaga Kesehatan Di Rumah Sakit Islam Gigi dan Mulut Sultan Agung Semarang Pada Masa Pandemi Covid-19." *Jurnal Ilmiah Sultan Agung*, 1(1), 2022, pp. 311-320.

implemented a new strategy to combat COVID-19 that many say is more successful. Indonesia attempted to adopt community activity restrictions (PPKM) with four implementation phases, including PPKM micro and emergency-natured PPKM levels one, two, and four. Supported by national-scale immunization efforts and the 3M health protocols (washing hands, wearing masks, maintaining distance) and implementing the 3T health procedure (Tracing, Treatment, Testing).²⁷

After the release of the Manual book from the International Labor Organization (ILO) on Labor Inspection in Indonesia, then after the emergency PPKM Delta variant virus, everything was not recommended for spaciousness, so it was 100% done online. After the booster vaccine starts to normalize, activities are more often carried out offline, no longer online unless there are cases of Covid-19 in a company. The company uses a hybrid system, WFO, and WFH, except for hospitals. Supervision, for now, is more often done offline.

Article 5 paragraph (1) and Article 9 paragraph (3) of Law no. 1 of 1970 concerning Occupational Safety states that the Government, through the Manpower Office, is obliged to supervise and foster occupational safety and health for workers. As mentioned in Article 86 paragraph (1) letter of Law No. 13 of 2003 about Manpower, which states that every worker/laborer has the right to occupational safety and health protection. This is followed by paragraph (2), which shows that measures are made to preserve the health and safety of workers/laborers while achieving maximum work productivity.²⁸

The current labor inspection system has not adapted for subsequent circumstances, based on Law Number 13 of 2003, Law Number 1 of 1970 concerning Occupational Safety, and Omnibus Law on Job Creation. During the Covid-19 pandemic, the Department of Manpower and Transmigration for the Special Region of Yogyakarta continued to carry out its duties and functions but with changes in methods such as hybrid (online and offline). Furthermore, it is necessary to have a coaching function, such as socialization. This is because when Covid-19 switched to using the Zoom Meeting application. The positive thing is that many participants participated and were enthusiastic about this socialization.

²⁷ Mastin Annisa Nur Fauziah, "Urgency of Indonesia to Establish a Comprehensive COVID19 Pandemic Law: Lesson Learned from Singapore." *Indonesian Comparative Law Review*, 4(1), 2022, pp. 1-16.

²⁸ *Ibid.*

Conclusion

Healthcare workers exposed to the Covid-19 virus at the AMC Muhammadiyah Yogyakarta Hospital were not monitored and recorded by the Yogyakarta Department of Manpower and Transmigration during the pandemic. In fact, such action is one of the efforts to protect healthcare workers related to occupational safety and health. However, AMC hospital successfully implemented OSH during the pandemic in an effort to protect their healthcare workers. Further, Occupational Diseases (PAK) caused by Covid-19 are covered by the Work Accident Insurance (JKK) program and the Social Health Insurance Administration Body (BPJS) in compliance with legal requirement. Supported by the fact, Covid-19 can be categorized as an Occupational Disease (PAK) in the classification of diseases caused by exposure to factors arising from work activities, namely the group of biological exposure factors.

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