# Implementation of Occupational Safety and Health (OSH) Office Program in Community Health Center

Eko Prasetyo<sup>1\*</sup>, Tis'aTul Ulya<sup>2</sup>, David Laksamana Caesar<sup>3</sup>, Ervi Rachma Dewi<sup>4</sup>, Livana PH<sup>5</sup>

<sup>1,2,3,4</sup> Institut Teknologi Kesehatan Cendekia Utama Kudus
<sup>5</sup> Sekolah Tinggi Ilmu Kesehatan Kendal
\*Corresponding author: prasetyo.kesmas@gmail.com

## **ABSTRACT**

**Background:** Office OSH includes all activities that guarantee and protect the safety and health of employee work so that they do not experience work accidents or diseases related to their work at work.

**Purpose:** To determine the description of office OSH policies, work safety standards, work health standards, office work environment health and office ergonomics at the Ngembal Kulon Health Center, Kudus Regency.

**Methods:** This study is study qualitative with use method descriptive. Technique purposive sampling sample selection and this data collection technique uses interview techniques, observation, and documentation with informant as much as 6 person. The main instrument used in this study was an interview guide on the implementation of office OSH standards at the community health center.

**Results:** The policy OSH in health center still not optimal. Occupational safety standards aspect, that have not been met include hydrants, fire alarms, and box first aid kits. Occupational health standards aspect, are quite good with the implementation of fitness exercises, mental health screening, routine check-ups, and support for exclusive breastfeeding programs for employees. Environmental health standards aspect, the fulfillment of waste management, vector control, and sanitation. Ergonomic standards aspect, the lack of socialization about ergonomic work postures for officers in the health centre.

**Conclusion:** Office OSH is still not optimal based on Permenkes No. 48 of 2016. Need support from District Health Office as the supervisor of implementation OSH offices at health centre. This is very important because it has implications for protection of health workers, patients, and work environment.

**Keywords:** environmental health, ergonomics, health, office OSH, safety

Received March 22, 2025; Revised April 17, 2025; Accepted April 28, 2025

**DOI:** <a href="https://doi.org/10.30994/jnp.v8i3.812">https://doi.org/10.30994/jnp.v8i3.812</a>



The Journal of Nursing Practice, its website, and the articles published there in are licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

Vol.8 No.3. April 2025. Page.675-687

#### **BACKGROUND**

Occupational safety and health (OHS) are safe conditions or safe from suffering, damage or loss in the workplace. Occupational safety risks are aspects of the work environment that can cause fire, fear of electric current, cuts, bruises, sprains, broken bones, loss of body parts, vision and hearing.(Eka Putri, 2022)

OHS is vital to employee wellbeing and productivity. The challenge of OHS-related illness and injury persists. Statistics reveal that 1.7 million people in the UK, 2.7 million in the US and an average of 4.4 days per person in Canada are affected by work-related illness each year, leading to significant productivity losses worldwide. The financial impact is huge, with the UK spending around GBP 15 billion annually due to physical and mental health problems. Additionally, the International Labour Organisation (ILO) states that work-related illness results in 2.3 million deaths each year, resulting in a loss of around 4% of global GDP. (Lari, 2024)

BPJS of Indonesia said that about data reported accident work over the past 5 years. BPJS of Indonesia reported that there were 123,041 reported cases in 2017, 173,105 reported cases in 2018, 114,000 reported cases in 2019, then increased by 55.2% in 2020 to 177,000 reported cases, and from January to September 2021, there were 82,000 accident cases work. Statement data on seen still experience increase and decline in number accident work what happened, even though in the last year the data recorded a decline, this is a special concern and challenge for Indonesia so that can control or minimize accident work on worker Indonesia (Narada, 2022)

Office OSH includes all activities that guarantee and protect the safety and health of employees so that they do not experience work accidents or diseases related to their work in the workplace. Safety and health in the office work environment is identical to its workers. Which not enough exercising, so that made program health work through improvement implementation safety and health work with Instructions President number 1 year 2017 about Healthy Living Community Movement and Minister of Health Regulation number 48 year 2016 on Offices . *The World Health Organization* states that excessive working hours cause 745,000 death consequence stroke and disease heart ischemic on year 2016, improvement 29% compared to 2000 (Susilawati et al., 2023)

Office buildings certainly have potential hazards that will affect the safety and health of workers. In an effort to prevent accidents and occupational diseases in office buildings, it is necessary to apply occupational safety and health standards in office buildings. According to the occupational safety and health standards regulation in offices, occupational safety and health standards in offices include occupational safety, occupational health, office work environment health, and office ergonomics. This requires companies to pay attention to the safety and health of their workers in order to improve the health status, productivity and welfare of workers.(Pratiwi et al., 2022)

Research conducted by Yani Desta, Lendrawati (2023), showed that the implementation of occupational health and safety programs in Health Center Nan Balimo Solok City, analyzed from aspects of planning, implementation and supervision are not yet optimal. It is necessary in upgrade to more good again useful to avoid and reduce the risk of work accidents that will occur in the future. (Desta, Y., & Lendrawati, 2023). The results of the preliminary study found several problems that still need to be considered, including the fact that OSH has not been established independently and is still integrated with quality and PPI (Infection Prevention and Control), First, the OSH policy has not been optimally socialized and the documents have not been installed. Second, fire extinguisher has not been fulfilled in every place and not yet existence system alarm fire. Third, Not yet there is

Vol.8 No.3. April 2025. Page.675-687

detection fire and control smoke. Fourth, there has been no socialization about ergonomics. Fifth, there has been no maintenance of lightning rod installations.

#### **OBJECTIVE**

The purpose of this study is to determine the description of office OSH policies, occupational safety standards, occupational health standards, office work environment health and office ergonomics at the Ngembal Kulon Kudus Health Center.

#### **METHODS**

The type of research used is qualitative research using descriptive methods. This research was conducted in Health Center Ngembal Kulon Kudus, Central Java, Indonesia. Research Period November-December 2024. Engineering election sample *purposive sampling* and technique collection data this uses interview, observation and documentation techniques, with the aim of finding out the safety standards implementation program and health work office. On study this done interview deep to 6 informant. The instrument that used in study this is guide interview, list *checklist*, tool recorder and camera. The main instrument used in this study was an interview guide on the implementation of office OSH standards at the community health center. Validity the data used in this study is the triangulation method, the triangulation used is source triangulation and method Triangulation . This study received ethical approval from the Health Research Ethics Commission of the STIKES Kendal with reference number 082/EC/KEPK\_STIKES\_KENDAL/XI/2024.

#### **RESULTS**

## Characteristics Informant

Results interview to informant, stages which first done is describe the informant, aims to determine the characteristics of informants. The researcher conducted in-depth interviews with 6 informants.

Informant research can be seen on table in below:

No	Gender	Age	Position	Long Work	<b>Education Final</b>
Inf- 1	Man	46 Year	Head of Health Center	6 Years	Profession Nurse
Inf- 2	Woman	49 Year	Guarantor Answer K3	1 year	S1 Public health
Inf- 3	Man	36 Year	Sanitary	13 Year	Profession Nurse
Inf- 4	Woman	45 Year	Visitors	-	Junior high school
Inf- 5	Woman	26 Year	Visitors	-	Senior high school
Inf- 6	Woman	48 Year	Visitors	-	Junior high school

## **Office OSH Policy**

Point 1. "Written policy on office OSH". All research subjects said there was already a policy written from OSH office which written at the health center, but the documents policy

https://thejnp.org/

ISSN: 2614-3488 (print); 2614-3496 (online)

Vol.8 No.3. April 2025. Page.675-687

OSH office not yet installed. Office OSH policies have been socialized such as handling accidents, but not specifically for office OSH. The following is a quote from an informant:

- 1. "Sudah ada, sudah disosialisasikan"
  - "Already available, already socialized"
- 2. "Ada, tapi yang bukan khusus untuk K3, menjelang akred terus dipisah"
  - "There is, but which no special for OSH, approaching accredited keep going separated"
- 3. "Kebijakan sudah ada, kebijakan seperti tata cara penanganan kejadian kecelakaan, syok" "Policy already there is, policy like order method handling incident accident, shock"
- Point 2. "Implementation of OSH management to reduce work-related diseases". All research subjects know the application management OSH for reduce disease consequence work health center already in accordance standard that is like wash hands, vaccination, use of PPE, masks, and gloves, handscoon and masks. Here are the informant quotes:
- 1. "Mencuci tangan, kemudian vaksinasi, pakek APD, masker, sarung tangan" "Wash hand, then vaccination, pack PPE, face mask, gloves"
- 2. "Ketika melakukan kegiatan harus mengikuti SOP, seperti cuci tangan pakai sabun wajib dilakukan setelah kegiatan"
  - "When do activity must follow standars of procedure, like wash hand use soap must done after the activity"
- 3. "Kita terapkan mencuci tangan sebelum ada lima momen, memakai APD full bagian laborat, misal memeriksa dahak, kalau cuman ke pasien pakeknya handscoon dan masker"
  - "We apply wash hand before there is five moment, use PPE full part laboratory, for example inspect phlegm, if only for patients, use gloves and masks"

# **Occupational Safety Standards**

- Point 1. "Safety program". All research subjects were aware of the safety program. The safety program includes safety briefing program use PPE, training blackout fire, training use fire extinguisher, training throwing away trash, the training already has a schedule. Here is a quote from the informant:
- 1. "Program pakai APD, program cara menyuntik yang benar, Pelatihan membuang sampah, pelatihan pemdaman kebakaran, kemudian safety brifing"
  - "Program use PPE, program method inject which correct, training throw away rubbish, training fire extinguishing, then safety briefing"
- 2. "Ada"
  - "There is"
- 3. "Programnya ada, pelatihan pengunaan APAR, bencana alam, kemudian BTCLS, gawat darurat. Pelatihannya tidak bisa satu tahun sekali karna sudah ada skedul jadwal"
  - "The program is there, training on the use of fire extinguisher, natural disasters, then BTCLS, emergency. The training cannot be once a year because there is already a schedule"
- Points 2. "Training and socialization". All over subject study know about training And socialization, includes safety briefing, disaster management training, fire, and accidents, as well as fire extinguisher training, shock management, and natural disasters. Here is a quote from the informant:
- 1. "Safety brifing, pelatihan penanggulangan bencana" "Safety briefing, training disaster management"
- 2. "Kegiatan penanggulangan bencana, penanggulangan kebakaran, penanggulangan kecalakaan, pelatihan APAR"
  - "Activity countermeasures disaster, mitigation fire, countermeasures accident, fire extinguisher training"
- 3. "Sudah, kita sehabis akreditasi pasti ada sosialisasi soalnya itu masuk cap akreditasi, pelatihan seperti BTCLS, APAR, pemadaman api, penanganan syok, bencana alam"
  - "Already, we after accreditation certain there is socialization because that enter stamp

https://thejnp.org/

ISSN: 2614-3488 (print); 2614-3496 (online)

Vol.8 No.3. April 2025. Page.675-687

accreditation, training like BTCLS, fire extinguisher, fire extinguishing, shock handling, natural disasters"

Points 3. "Alarm fire and hydrant". All over subject study say not yet there is alarm fire and hydrant, only use announcement through sound at each room for give information if happen fire. Here is a quote from the informant:

- 1. "Nggak ada"
  - " No there is"
- 2. "Gak ada alarm kebakaran, hydrant gak ada"
  - "No there is alarm fire, hydrant no there is"
- 3. "Tidak ada hydrant, alarm kebakaran tidak ada, adanya kotret, setiap ruangan ada sound, bagian administrasi yang memberikan informasi kalau terjadi sesuatu, pakeknya pengumuman"

"There are no hydrants, no fire alarms, there are photos, every room has sound, parts administration that provides information if something happens, using an announcement"

Points 4. "Availability fire extinguisher. All over subject study say already there is fire extinguisher in every room, however, from the observation results, fire extinguisher is not provided in every room, only in certain rooms. The following is a quote from the informant:

- 1. "Sudah ada APAR"
  - "Already There is a fire extinguisher"
- 2. "APAR nggak setiap ruangan"
  - "a fire extinguisher not every room"
- 3. "APAR sudah ada disetiap ruangan, di bagian umum, bagian yang banyak peralatan medis"

"fire extinguisher already there is at each room, in the general, part which lots medical equipment"

Point 5. "Availability of first aid kits". All research subjects mentioned the availability of first aid kits in each unit providing first aid kits, which often have actions, such as the emergency room, maternal and child health, pharmacy and laboratory sections, but from the results of observations, first aid kits in health centers are not provided in every place. The following is a quote from the informant:

- 1. "Iya ada, setiap unit kerja menyediakan kotak P3K yang mudah diakses" "Yes There is, each unit work provide box first aid kit which easy to access"
- 2. "Ada"
  - "There is"
- 3. "Ada beberapa, tapi full tidak ada, mungkin yang sering ada tindakan, kayak UGD, KIA, bagian farmasi, dan laborat"

"There is a number of, but full no there is, possible which often there is action, ICU, maternal and child health, part pharmacy, And laboratory"

# **Occupational Health Standards**

- Point 1. "Health improvement activities". All research subjects knew about health improvement activities including health checks, vaccinations, and routine exercise such as exercise every friday. In addition, there were monthly istigosah, and socialization about environmental cleanliness and healthy lifestyles. The following is a quote from an informant:
- 1. "Pemeriksaan kesehatan, vaksinasi, senam setiap hari jumat, setiap sebulan sekali di hari jumat ada istigosah, dan doa bersama di aula untuk menjaga kekuatan spiritual termasuk menjaga stress dan kesehatan mental jiwa karyawan"
  - "Health checks, vaccinations, exercise every friday, once a month on friday there is istigosah, and joint prayers are held to maintain spiritual strength including maintaining stress and mental health of employees' souls"
- 2. "Senam hari jumat, baca-baca asmaul husna"
  - "Exercise friday, read "Asmaul Husna"
- 3. "Biasanya senam setiap hari jumat, pengecekan kesehatan karyawan, skrining PTM" "Usually exercise friday, check health employee, screening non-communicable diseases"

https://thejnp.org/

ISSN: 2614-3488 (print); 2614-3496 (online)

Vol.8 No.3. April 2025. Page.675-687

- 4. "Kegiatan senam, imunisasi terus ada pemeriksaan kesehatan"
  - "Activity exercise, immunization keep going there is inspection health"
- 5. "Kegiatan sosialisasi tentang pentingnya kebersihan dan sanitasi lingkungan, dan penyuluhan tentang gaya hidup sehat, biasanya itu ada pertemuan ibu ibu di desa"
  - "Socialization activities about the importance of environmental cleanliness and sanitation, and counseling about healthy lifestyles. healthy, usually there are meetings of mothers in the village"
- 6. "Senam lansia, senam ibu hamil, sama itu mba imunisasi"
  - "Exercise elderly, prenatal gymnastics, same as that miss immunization"

Points 2. "Availability room pumping breast milk". All over subject study know room breast milk, room breast milk Already available to breastfeed and provide the opportunity to express breast milk during working hours, without limiting employees to do so at any time. Here is a quote from an informant:

- 1. "Ada, kita tidak membatasi memerah ASI kapan saja, menyesuaikan kegiatan saja" "There is, we no limit pumping breast milk, adapt activity just"
- 2. "Ada, selama dia ada temannya yang gantikan ya bisa memerah ASI"
  "There is, during he there is his friend which replace yes can pumping breast milk"
- 3. "Sudah ada, tidak membatasi karyawan untuk memerah ASI kapan saja" "Already there is, no restrict employees to pumping breast milk anytime"
- 4. "Sudah ada kayaknya ya mba soalnya saya ga pernah liat liat juga ruangan ruanganya" "Already there seems to be yes ma'am because of me never clay see also the rooms"
- 5. "Ada ruangan nya"
  - "There is room his"
- 6. "Sudah tersedia mba didekat toilet itu mba"
  - "Already available miss near toilet that's it, sis"

Points 3. "Inspection health periodically". All over subject study know there is inspection health periodically conducted at least twice a year, after employee rokpot activities, such as triple screen, blood sugar, and cholesterol checks. Here is an informant quote:

- 1. "Sudah, minimal 1 tahun 2 kali"
- "Already, minimum 1 year 2 time"
- 2. "Kayaknya setahun 2 kali"
- "I think so. a year 2 time"
- 3. "Sebulan sekali kalau nggak ya tiga bulan sekali, setelah itu kita melakukan pengecekan, kaya tripeleminasi, pengecekan gula darah dan kolesterol"
- "A month very if no yes three month very, after we do checking, rich in triple elimination, blood sugar and cholesterol checks"

#### **Environmental Health Standards**

Points 1. "Facility toilet separated". All over subject study know facility toilet man And Woman already separated, but the toilet still has an unpleasant odor. Here is a quote from the informant:

- 1. "Sudah"
- "Already"
- 2. "Udah terpisah"
- "Already separated"
- 3. "Sudah terpisah laki-laki dan perempuan"
- "The men and women have been separated"
- 4. "Iya sudah terpisah"
- "Yes, we're separated"
- 5. "Sudah terpisah"
- "Already separated"
- 6. "Saya kok gatau ya mba soalnya belum pernah kekamar mandi, kayaknya udah terpisah"
- "I how come i don't know miss because not yet once to the room bathe, i think so already separated"

Vol.8 No.3. April 2025. Page.675-687

Points 2. "Quality water clean". All over subject study know quality water clean in health center, already guaranteed cleanliness and good quality. Some of the steps taken include using well water managed through large wastewater treatment and routinely checking water quality. Here is a quote from an informant:

1. "Bersih dan aman"

"Clean and safe"

- 2. "Airnya bersih, kualitasnya bagus, sudah dicek di lab, bulan kemarin"
- "The water clean, the quality good, already checked in lab, month last"
- 3. "Kalau toilet bersih, kita pakek air sumur, ada IPAL besar, pengelolaan air kita insyallah baik, sering ada pengecekan air"
- "If toilet clean, we pack water well, there is wastewater treatment plant big, management water we god willing good, often there is water check"
- 4. "Sudah bersih, kualitasnya bagus, jernih, tidak ada baunya juga"
- "Already clean, the quality nice, clear, no there is the smell also"
- 5. "Airnya sudah cukup bersih, untuk kualitasnya sih sudah bagus"
- "Already clean, the quality nice, clear, no there is the smell also"
- 6. "Mungkin bersih ya mba soalnya saya cuci tangan didepan juga bersih airnya"
- "Clean maybe, because i wash my hands in front too clean the water"

Points 3. "Condition temperature". All over subject study know condition temperature in health center, depends on room and weather, with some rooms equipped with air conditioning or adequate ventilation. Here is a quote from an informant:

- 1. "Cukup, karna semua ruangan ada acnya"
- "Enough, because all room there is the air conditioner"
- 2. "Kalau didalam dingin, nanti kalau keluar di puskesmas terasa panasnya, yang gak ada ac nya bagian informasi pakeknya kipas"
- "If in the cold, later if go out in health center feel the heat, which no there is air conditioning his part fan package information"
- 3. "Untuk suhunya panas ya mba kalau diluar, tapi kalau udah masuk ke dalam nggak panas"
- "For the temperature is hot at outside, but if have you gone inside? hot"
- 4. "Nggak terlalu panas sih ya mba"

"No too hot yeah yes ma'am"

- 5. "Kalau didalam dingin, nanti kalau keluar di puskesmas terasa panasnya, yang gak ada ac nya bagian informasi pakeknya kipas"
- "If in the cold, later if go out in health center feel the heat, which no there is air conditioning his part fan package information"
- 6. "Suhunya panas kalau di luar, kalau didalam nggak panas"
- "The temperature hot if in outside, if in the no hot"
- Point 4. "Waste management". All research subjects are aware of medical waste management, which is carried out by separating waste based on its type such as infectious, sharp objects, and non-medical from the start. Liquid waste processed moreover formerly, temporary waste congested entered to in garbage dump. Party third PT Arah assigned For manage the destruction of medical waste by paying per kilogram. Here is a quote from the informant:
- 1. "Jadi sejak diruangan sudah di pilah, diruangan pasien sampahnya minimal dua, yang stiker ijo tidak infeksius, stiker kuning sampah infeksius atau sampah medis, safety box itu khusus untuk buang jarum"
- "So since in the room already in sort, in the room patient the trash minimum two, which sticker green no infectious, yellow stickers for infectious waste or medical waste, the safety box is specifically for disposing of needles"
- 2. "Dikumpulin pakek plastik kuning, kalau yang medis jarum pakeknya safety box, untuk infeksius dimasukan cold strorage, yang tidak infeksius ditaruh di bak-bak"
- 3. "Collected" pack plastic yellow, if which medical needle the package safety box, for infectious

Vol.8 No.3. April 2025. Page.675-687

- entered cold storage, which is not infectious is placed in tubs"
- 4. "Limbah medis kita ada pihak ke tiga namanya PT Arah, limbah medis kita pilah, ada yang safety box, ada yang pakek plastik kuning, diambil sebulan seklai, sudah ada SOP, sudah ada tata caranya juga"
- "Waste medical We There is party to three his name PT Arah, waste medical we sort, there is which safety box, there is which using yellow plastic, taken once a month, there is already an standar of procedure, there are also procedures"

# **Ergonomics Standards**

- Points 1. "Socialization ergonomics". All over subject study no know socialization about ergonomic, but some studies say that there has been socialization in the health center, there is a discrepancy in the answers from the informants. Here is a quote from the informant
- 1. "Sosialisasi sudah pernah terlakukan"
- "Socialization already ever done"
- 2. "Disini belum pernah lain"
- "Not here yet once other"
- 3. "Belum ada"
- "Not yet there is"
- Points 2. "Order room equipment". All over subject study know order room use equipment already easily accessible. Here is a quote from the informant:
- 1. "Sudah mudah"
- "Already easy"
- 2. "Mudah dijangkau"
- "Easy reachable"
- 3. "Sudah sesuai, penggunaan peralatan sudah gampang terjangkau"
- "Already in accordance, use equipment already easy affordable"
- Point 3. "Adjustable chairs". All research subjects said that chairs with adjustable heights were provided, but some studies said that not all chairs in health centers can be adjusted in height, there is a discrepancy in the answers from the informants. The following is a quote from the informant:
- 1. "Sudah disediakan kursi naik turun, untuk pasien maupun petugasnya"
- "Already provided chair go on down, to patient and also the officer"
- 2. "Tidak ada, tertentu aja"
- "No there is, only certain ones"
- 3. "Tidak bisa, kecuali kursi kantor"
- "No can, except chair office"
- 4. "Nyaman nyaman aja"
- " Just comfortable "
- 5. "Untuk saya sendiri sih nyaman-nyaman aja ya mba, tapi seharusnya untuk penunggu kursinya yang ada bantalannya sih mba soalnya kan nunggu agak lama jadi pegel juga kalo besi gini"
- "For i alone yeah just comfortablemom, but should waiting room which there is "pillow, because you have to wait quite a long time, it becomes stiff when it's iron like this."
- 6. "Cukup nyaman sih mba bagi saya"
- " Quite comfortalbe for me "

#### **DISCUSSION**

#### **Office OSH Policy**

Based on results study can it is said that description policy OSH office in health center appropriate because of Isn't any yet document policy OSH office in health center like training routine, evaluation, emergency response procedures, and management support. Currently, in the new health center there are several activities aimed at health and non-health which

Vol.8 No.3. April 2025. Page.675-687

support office OSH policies, namely handling accident incidents, but not specifically for office OSH, and is intended for health workers, non-health workers, and all visitors, including patient, introduction, and visitor. Initially, policy this combined with quality and PPI and no stand alone. There are several divisions and each has its own safety structure.

Previous studies also showed that there were several indicators that had not been achieved, namely in the aspects of policy and organizational documents, namely that documents had not been developed into office OSH management system documents.(Cahyandari & Lestari, 2024)

One form of existing policy is the existence of standard operating procedures (SOP). Example the existing SOPs include washing hands, handling waste, and all other actions. nursing and medical. This is in accordance with research conducted by Lestari (2020), which states that implementing SOP for washing hands can help prevent infections and improve hygiene practices in health centers.

Based on results study, document policy OSH and organization OSH can increase awareness in reducing the risk of occupational diseases and work accidents and environmental accidents. This document helps comply with the requirements law and regulation applicable about OSH office. This matter also must in line with the regulations regarding office OSH, namely the placement of office OSH occupational health and safety policies is implemented by head health center and set in a way written with decision head health center then socialized to all employees.(Mesrani & Modjo, 2023)

# **Safety Standards**

Based on the results of interviews and observations, it can be seen that most research informants know about safety standards in the health center. Safety in the health center has met standard which covering use fire extinguisher, potential danger, safety from fire building, help first aid in an accident. However, building fire alarms, hydrants, and first aid kits at the health center have not been met.

Condition safety work includes, implementation maintenance room office, design tool and workplace, placement and use tool office, management electricity and source fire. In health center returning this implement the program OSH which comprehensive and training like program use PPE, program inject which correct, training disposing of waste, disaster management, fire extinguisher training, BTCLS training, use of fire extinguisher and then well-scheduled safety briefings at the health center not only ensure a safe working environment for employees but also increase capacity they in face situation emergency and reduce risk injury as well as disease consequence work.

This research not in line with Haramain's research which states that in every room must have fire extinguisher, this is in accordance with the Regulation of the Minister of Health Number 48 of 2016 concerning Office Occupational Safety and Health Standards, but in this study not all rooms have fire extinguisher or hydrants.(Haramain et al., 2017) (Peraturan Menteri Kesehatan Republik Indonesia, 2016)

## **Health Standards**

Based on the results of interviews and observations, it can be seen that most of the research informants are aware of the health standards at the health center. Health standards at the health center generally meet quality standards, such as health improvements including regular health checks that have been carried out at least twice a year, include various important tests such as triple screen, blood sugar, and cholesterol checks. The health center also provides a special room for breastfeeding and provides employees with the opportunity pumping breast milk during working hours, without imposing certain time restrictions. This step aims to support the welfare of working mothers by facilitating comfortable and

Vol.8 No.3. April 2025. Page.675-687

supportive breastfeeding practices, in accordance with the principles of the policy of protection and support for breastfeeding mothers in the workplace.

Improvement health covering inspection health periodic has implemented minimum two time a year, and includes various important tests such as triple screen, blood sugar, and cholesterol checks. The health center also provides a special room for breastfeeding and gives employees the opportunity to pumping breast milk during working hours, without imposing certain time restrictions.

Results study This in line with study Rachmawati and Ani (2021), based on theory previously, in office also must there are measures to handle worker illnesses, such as each workplace must have a first aid kit, according to the number of employees, having breastfeeding room and provide opportunity to express breast milk At what hour work, availability of hand washing facilities (Peraturan Menteri Kesehatan Republik Indonesia, 2016) (Rachmawati, M., & Ani, 2021).

Regular health checks are important for routine monitoring of employee health. This is regulated in the Regulation of the Minister of Manpower and Transmigration of the Republic of Indonesia number per.02/MEN/1980 concerning health checks for workers in the implementation of occupational safety which states that employees over the age of 18 should undergo regular health checks once a year. The same thing is also stated in the Regulation of the Minister of Health of the Republic of Indonesia number 48 of 2016 concerning office occupational safety and health standards which states that one of the efforts for early detection of disease cases and assessment of employee health status is carried out through regular health checks. These regulations play a role as a control for the implementation of regular health checks for employees.(Bau, A., Roga, A. U., Berek, N. C., Ratu, J. M., & Ruliati, 2024)

## **Environmental Health Standards**

Based on the results of interviews and observations, it can be seen that most of the research informants know about environmental health standards in the health center. Environmental health in the health center has fulfil standard which covering availability clean water, toilet, wash hand use soap, control pests, waste management, hygiene and sanitation.

Toilet facilities are separated between male and female toilets, the water quality is clean, because it uses well water, but the toilet still has an unpleasant odor. The vector and pest control program involves a series of actions to address the mosquito and rat population. Separation of waste based on its type such as infectious waste, sharp objects, and non-medical waste from the start.

In study this also in line with study Pratiwi (2022), facility toilet show toilet separated between man and woman, available drainage which flow with Good, supply water clean, lighting which enough. Every the work area must be equipped with a trash bin made of sturdy, lightweight, rust-proof, watertight and closed material, control efforts vector in management control animal carrier disease, or vector carrier disease. Having separate medical and non-medical waste bins, also having temporary shelters that meet standards (Pratiwi, 2022) (Peraturan Menteri Kesehatan Republik Indonesia, 2016)

# **Ergonomics Standards**

Based on the results of interviews and observations, it can be seen that most The research informants did not know about ergonomic standards in the health center. Ergonomic standards include training and awareness, monitoring and evaluation, equipment placement, adjustable chairs, manual load handling, work posture, work duration, corridor, but no there is training or socialization regarding ergonomics, no enforce stretching every o'clock 10 and also chair no can customized its height.

Vol.8 No.3. April 2025. Page.675-687

The results of the study showed that there had never been any socialization regarding ergonomics, which is important to ensure a safe and comfortable working environment for health workers and visitors, and there were also no activities. training routine about ergonomics and posture body or sit down which correct moment work in environment work, which can help reduce the risk of musculoskeletal injuries and improve the health and comfort of health workers and health center employees.

Based on the research results of Titin Isna (2017) dan Pramono (2022), it shows that if the chair cannot be adjusted, it will cause the legs to not be able to step on floor And knee foot can to form corner >90°. If employee Keep going continuously let position sit down abnormal, it will cause work-related diseases. Work-related diseases are musculoskeletal disorders experienced by employees. office usually due to by posture which odd moment work, movement repetitive (repetition), and static positions for long periods of time. (Isna, 2017)(Pramono et al., 2022)

One form is MSDs. Musculoskeletal Disorders (MSDs) are musculoskeletal disorders characterized by the occurrence of an injury to the muscles, tendons, ligaments, nerves, joints, cartilage, bones or blood vessels in the hands, feet, head, neck, or back. MSDs can be caused or worsened by work, work environment and work performance.(Safitri, A., & Prasetyo, 2017)

# **CONCLUSION**

Based on the results of the study, the implementation of occupational health and safety in the Ngembal Kulon Kudus Health Center has not been optimal based on the Minister of Health Regulation No. 48 of 2016. The OSH Policy as a policy document containing the vision, objectives, commitment and determination of the OSH program has not been installed, it has only been socialized to health workers, non-health workers, and visitors. Aspects of occupational safety standards such as the use of fire extinguisher, safety briefings, use of PPE, first aid kits, and safety training have been implemented well, but there are still some that have not been implemented such as the fire alarm system, hydrants have not been met and No available box first aid kits at each place. The standard aspects of occupational health have been increase fitness physical, but still need more attention to disease management. The standard aspects of the work environment have been implemented well. Toilet facilities, waste management, and vector control have met the office OSH standards. The standard ergonomic aspects have not been implemented well, such as there has been no socialization or routine training on ergonomics or correct body posture to reduce the risk of musculoskeletal injuries. Although procedures for reporting and handling injuries have been adopted and fitness programs have been introduced. Regarding the layout of the equipment, it has been designed easily, and temperature conditions vary with some rooms equipped with AC or ventilation for comfort. This is very important because it has implications for the protection of health workers, patients, and the work environment.

For further researchers, it is expected to conduct research that leads to the implementation, recording, and reporting of Office OSH and health surveillance of health center workers. Conduct routine employee health monitoring to detect potential work-related health problems. Ensure that all office equipment and facilities meet applicable safety standards and are routinely checked for safety.

#### ACKNOWLEDGMENTS

We, the researchers, would like to thank various parties who supported this study, the respondents and the Ngembal Kulon Health Center, Kudus Regency

#### **CONFLICTS OF INTEREST**

There was no conflicts of interest and the research went smoothly until the end

#### **REFERENCES**

- Bau, A., Roga, A. U., Berek, N. C., Ratu, J. M., & Ruliati, L. P. (2024). Analisis Perbedaan Pengetahuan, Sikap dan Motivasi dalam Pemeriksaan Kesehatan Berkala pada Pegawai BPJS Kesehatan Cabang Kupang. *PREPOTIF: Jurnal Kesehatan Masyarakat*, 8(3).
- Cahyandari, S., & Lestari, F. (2024). Implementasi Standar Keselamatan dan Kesehatan Kerja Perkantoran di Gedung Pemerintahan. *Action Research Literate*, 8(6), 1–7. https://doi.org/10.46799/arl.v8i6.403.
- Desta, Y., & Lendrawati, L. (2023). Analisis Penerapan Sistem Manajemen Keselamatan Dan Kesehatan Kerja Di Puskesmas Nan Balimo Kota Solok. *Jurnal Ekonomi Bisnis, Manajemen Dan Akuntansi (JEBMA)*, 3(2), 284–294.
- Eka Putri, R.; R.; A.; S. L. M. B. F. D. W. A. N. and E. P. (2022). *Kesehatan dan Keselamatan Kerja* (M. A. Susanto (ed.); I). Pradina Pustaka. https://books.google.com/books?hl=en&lr=&id=3iaIEAAAQBAJ&oi=fnd&pg=PT5 &dq=perilaku+keselamatan+kerja&ots=QEgPhtmedr&sig=3x0IMQR\_kHxjV4hRv5 MQTcgScsA.
- Haramain, M. Al, Effendi, R., & Irianto, F. (2017). Perancangan Sistem Memadam Kebakaran Pada Perkantoran dan Pabrik Label Makanan PT. XYZ dengan Luas Bangunan 1125 m2. *Jurnal Mesin Teknologi*, 11(2), 129–150.
- Isna, T. (2017). Resiko Kerja Dengan Metode Rapid Office Strain Assessment (Rosa) Work Posture Assessment Evaluation Level Work Risk With Rapid Office Strain Assessment (Rosa). *Prosiding SAINTIKS FTIK UNIKOM*, 2(1), 37–42.
- Lari, M. (2024). A longitudinal study on the impact of occupational health and safety practices on employee productivity. *Safety Science*, *170*(Februari 2024), 106374. https://doi.org/10.1016/j.ssci.2023.106374.
- Mesrani, R., & Modjo, R. (2023). Implementasi Aspek K3 Untuk Mewujudkan Kantor Berhias (Berbudaya Hijau Dan Sehat). *PREPOTIF: Jurnal Kesehatan Masyarakat*, 7(1), 435–443. https://berhias.kemkes.go.id/.
- Narada, K. I. (2022). Grafik Kecelakaan Kerja Di Indonesia 5 Tahun Terakhir.
- Peraturan Menteri Kesehatan Republik Indonesia. (2016). Peraturan Menteri Kesehatan Nomor 48 Tahun 2016 tentang Standar Keselamatan dan Kesehatan Kerja Perkantoran.
- Pramono, T., Sayuti, A. M., Gaffar, M. R., & Puspitaningrum, R. A. (2022). Penilaian Risiko Ergonomi Pada Lingkungan Kerja Perkantoran Menggunakan Metode Rapid Office Strain Assessment (ROSA). *Jurnal Pendidikan Administrasi Perkantoran (JPAP)*, 10(3), 246–255. https://doi.org/10.26740/jpap.v10n3.p246-255.
- Pratiwi. (2022). Meningkatkan Kesadaran Diri Masyarakat Desa Batuyang Tentang Pentingnya Menjaga Kebersihan Diri Dan Lingkungan. *Jurnal Pepadu*, *3*(4), 609–615.
- Pratiwi, D., Dwicahyo, H. B., & Haqi, D. N. (2022). Implementation of Occupational Health and Safety Standards for Office Buildings in Universitas Airlangga Rectorate Building. *Indonesian Journal of Occupational Safety and Health*, 11(2), 224–238. https://doi.org/10.20473/ijosh.v11i2.2022.224-238.
- Rachmawati, M., & Ani, N. (2021). Rachmawati, M., & Ani, N. (2021). Implementasi Standar Keselamatan Kesehatan Kerja Perkantoran Berdasarkan Peraturan Menteri

https://thejnp.org/

ISSN: 2614-3488 (print); 2614-3496 (online)

Vol.8 No.3. April 2025. Page.675-687

- Kesehatan RI No. 48 Tahun 2016 (Studi Kasus di Poltekkes Kemenkes Surakarta Jurusan Jamu). IAKMI Jurnal Kesehatan Masyarakat Indon. *IAKMI Jurnal Kesehatan Masyarakat Indonesia*, 35-52.
- Safitri, A., & Prasetyo, E. (2017). Faktor- faktor yang berhubungan dengan kejadian musculoskeletal disorders (msds) di bagian finishing unit coating pt. Pura barutama kudus. *Jurnal Keperawatan Dan Kesehatan Masyarakat Cendekia Utama*, 6(1), 11–20.
- Susilawati, S., Budiani, R. L., Paramita, I., & Puspitasiwi, P. (2023). Penerapan Sistem Manajemen Keselamatan dan Kesehatan Kerja (SMK3) di Puskesmas Umbulharjo II Kota Yogyakarta. *Jurnal Kesehatan Vokasional*, 8(2), 112. https://doi.org/10.22146/jkesvo.72671.