EDITORIAL

Occupational health prevention program: A complementary benefit for health insurance benefit for workers during outbreak of COVID-19

Arie Arizandi Kurnianto, Zsolt Nemeskéri, Gergely Feher, István Ágoston

ABSTRACT

Occupational accidents pose significant threats for both workers and employers everywhere around the world. Throughout the face of the SARS-CoV-2 outbreak, efforts to avoid occupational diseases, particularly those caused by the spread of COVID-19, are being stepped up. To further resolve this concern, some governments worldwide have implemented health and safety at work programs, and also fostering quality benefits under social security system. Nevertheless, as certain two strategies have inadequacies, improved solutions are mostly expected to diminish damages. As a result, this article is beneficial for describing the dynamic of an occupational health preventive program as well as recognizing improved means of coping with and preventing occupational injuries or illness. The objective of this review is to consider the possible advantages of a strategy for preventing injuries using the report's current policy on social insurance schemes. Furthermore, the reciprocity of the advantages of the occupational health and safety (OHS) promotional and prevention program also analyzed. This program offers a better advantage in terms of safety management as well as the development of compensation as the primary social security program.

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INTRODUCTION

Countless victims perished or were severely injured as a result of work-related engagements throughout the world, according to the International Labour Organization (ILO), which estimates that workrelated accidents or illnesses harm more than two million people each year [1, 2]. For actual background, workplace illnesses accounted for around 86.3% of all predicted fatalities, while fatalities accounted for 13.7% [1]. Asia has the major threat to occupational accidents, accounting for around more than 50% of the global population. Estimates as well as statistics demonstrate actual difficulty and complexity behind this percentage of people deceased in workplace accidents around the globe [1]. As the world's fourth most populated country in which the current population is 276,122,408, with the majority of its people employed [3], it has a high potential for inherent risks. Furthermore, the labor market in Indonesia, which is still dominated by the labor-intensive sector [4], necessitates support from key stakeholders to develop labor literacy and skills in order to comprehend occupational health and safety (OHS) procedures in able to build a culture of safety at work by strengthening the implementation of prevention and control workplace safety and health programs.

Over the past two decades, the world has witnessed a number of epidemics of infectious diseases, which are shown a very rapid spread. The corona virus, also known as the COVID-19 pandemic, re-emerged in Indonesia, causing widespread concern because the virus renders people unable to function as normal. This, of course, would have an impact on each individual's profits. At present, concerns are increasing in line with the spread of COVID-19 in some parts of the world and the ability to lower rates of decline in a number of other countries. Governments, employers, and workers and their organizations face challenges major in their efforts to combat the COVID-19 pandemic and protect safety and health at work. Beyond this ongoing crisis, there are internal worries restore activities that are able to Edorium J Neurol 2021;7:100016N06AK2021. www.edoriumjournalofneurology.com

maintain the progress that has been made in suppress dissemination [5].

A further concern exists when someone tests positive for corona and is placed in temporary isolation until he recovers. Meanwhile, people under observation must self-quarantine for 14 days. Although the government has guaranteed that all corona treatment is covered by the state, a number of private insurance companies also do not want to lose to provide more protection for customers, some even provide free protection for people who are not their customers. Considering the complexity of the problems caused by the COVID-19 pandemic and increasing the number of people infected with COVID-19, Indonesian Government throughout National Social Security Agency on Employment (BPJS Ketenagakeriaan) support and concern is needed to the Government and participants to help with the handling of COVID-19. In accordance with this issue, this study analyzes the possibilities program may be implemented to assist participants in the framework of assistance of promotional and preventive activities.

Since the Government of Indonesia determined that novel coronavirus infection (COVID-19) as a disease that can cause outbreaks and countermeasures through the Decree of the Minister of Health of the Republic of Indonesia number HK.01.07/MENKES/104/2020 on February 4, 2020 and has announced the first case of victims infected with novel coronavirus (COVID-19) in Indonesia on March 2, 2020 by the President of the Republic of Indonesia, the Government through the Decree of the National Disaster Management Agency (BNPB) number 13. In 2020, the status of certain emergencies corona virus outbreak began to establish and the extension of the validity period of the status until May 29, 2020 and can be extended according to the needs, in which today it reached 6.123 cases per 1 million population in Indonesia, 5.585 cases recovered, and 167 new death cases [6].

On the determination of this status, various efforts were made by the Government to prevent the expansion of COVID-19 infection, but until now cases that occur every day showed a sharp increase [7]. The number is likely to continue to increase because new cases still exist, where the population also continues to grow. Based on data from the Pharmaceutical and Health Reform Workers Union in their press conference on April 12, 2020, the victims of COVID-19 are not only the public, but also in the medical community, over three hundred health workers have been died because of coronavirus infection [8].

LITERATURE

Inhandling and anticipating the outbreak of coronavirus infection, Indonesian government have done various ways including the Stay at Home movement, Work from Home program, Large-Scale Social Restrictions, homecoming bans, the obligation to wear masks, electricity fee relief, tax relief [9], relaxation of BPJS Ketenagakerjaan dues, the provision of social assistance, and so on. Various actions are needed because this virus not only brings problems in public health aspects, but also economic activities ranging from micro to macro. The prediction from the Ministry of Social Affairs in its press conference on May 8, 2019, that the possibility of the number of poor people increased to 10–12% due to the COVID-19 pandemic and due to the large number of people who lost their livelihoods because of the implementation of large-scale social restriction status in a number of regions, namely in 4 provinces, 27 districts/cities.

Based on the data from the Indonesian Ministry of Manpower that formal and informal lay off workers increased to 1.7 million people. However, based on the data from the Indonesian Chamber of Commerce and Industry submitted to the media by the Chairman that there are 6 million workers who have been temporarily housed or laid off [10]. In the consequences, the potential for new poverty rates is going to increase [11]. Eventually, the affected workers are homeless and laid off, and will find new jobs to meet their basic needs, especially for daily meals. On the one hand, the workers have a dilemma when staying at home, then the family does not get enough food intake that can keep the body from being infected with coronavirus [12].

DATA AND METHODS

This study was designed as a qualitative study and conducted by descriptive method, in which the aims of this study describe the possibilities of occupational health prevention program as a complementary benefit for health insurance benefit for workers during the COVID-19 pandemic. Data was obtained from annual report of BPJS Ketenagakerjaan.

RESULTS AND ANALYSIS

To establish a comprehensive welfare state on workers' compensation programs, it is necessary therefore to comprehend the concept of accidents. Initially, accident is primarily an occurrence (interpretations outcomes and characteristics) other than in the idea that an occupational accident is specifically everything that occurs at physical labor and therefore is reported toward the employer [13]. Moreover, all condition produced by employment or the workplace is referred to as an occupational disease. Since it is caused by labor, the disease is artificial [14]. Occupational diseases are classified as follows: diseases caused by work encounters, diseases caused by work or the work environment, and diseases induced by working activities [15].

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In addition, in the field operations, as reported in various media, medical workers often experience a lack of personal protective equipment in carrying out their work. The lack of personal protective equipment is fatal due to the high risk that medical workers face at work in providing care and treatment to patients [16]. This seems not merely due to the increase in the quantity of personal protective equipment, but rather to the cost of production, that many medical workers who defend themselves with personal protective equipment [17].

Recognizing the complexities of the challenges posed by the COVID-19 pandemic, as well as the growing number of persons infected with COVID-19, the government effort to accelerate the handling of COVID-19 needs to be supported by all parties so that COVID-19 infection is not widespread [18, 19] and the status of certain emergencies of coronavirus outbreaks in Indonesia immediately ends and activities can return to normal. To either not consider the suspicion that develops if someone tests positive for COVID-19 and is compelled to undertake concise isolation before recovering. Those under surveillance are encouraged to self-quarantine for 14 days in the meantime [20].

accordance with the objectives of **BPJS** In Ketenagakerjaan to assist employers in the implementation of Occupational Safety and Health as stated in Article 50 paragraph 1, Government Regulation No. 44 of 2015 concerning the Implementation of JKK and JKM Programs [21, 22] that Employers other than state organizers are obliged to make preventive efforts through promotional and preventive activities in cooperation with BPJS Ketenagakerjaan, the protection of BPJS Ketenagakerjaan to company participants and workers against COVID-19 can be provided within the framework of preventive program.

The emergence of risk management was therefore connected to certain occurrences including the Industrial Revolution, which is further reinforced by the famous concept of the accident, published by Heinrich's the domino theory (1959), that further explains a sequence of associated with an accident with illustrated sequentially dominos banging each other [23]. The theory underlying the hierarchical would be that the management strategies in at largest scales seem to be likely more strong and defensive than at the lower part. Implementing the paradigm typically contributes to the development of fundamentally safety solutions in which the incidence of diseases or accident is considerably decreased [24].

While in case of Indonesia, in accordance with Article 14 paragraphs 1 and 2 of the Regulation of the Minister of Manpower No. 10 of 2016 concerning Procedures for The Provision of Work Return Programs as well as Promotional Activities and Preventive Activities of Work Accidents and Occupational Diseases, the state requires companies to implement workplace safety regulations for all workforce in terms of preventing occupational injuries, the term "preventative measures" is utterly defined. Upon this regulation stated that companies can collaborate with the BPJS Ketenagakerjaan to conduct out campaign and preventative actions in the scope of implementing preventive programs, especially regarding the types of preventive and promotive activities carried out consist of [25]:

- 1. OHS campaign to prevent commuting work accidents
- 2. Health promotion and campaign of clean and healthy lifestyle
- 3. Fostering occupational safety and health
- 4. Improving occupational safety and health culture
- 5. Improved nutrition of workers
- 6. Medical checkup
- 7. Work environment inspection
- 8. Provision of personal protective equipment and occupational safety and health facilities
- 9. Provision of communication, information, and educational facilities in the prevention of occupational accident and diseases
- 10. Training and implementation of safety riding

From these types of activities, there are several forms of activities that can be carried out BPJS Ketenagakerjaan in terms of preventive or health promotion for the handling of COVID-19, including:

Improving nutrition for health workers, with the provision of multivitamins and nutritious food. The provision of multivitamins and nutritious foodstuffs is very important [26] because until now a vaccine for the prevention of coronavirus is struggling to develop, so that workers can only rely on their immune system so that it is not easily infected with COVID-19 by taking vitamins, taking adequate rest, eating nutritious food, and maintaining body hygiene. Coupled with the number of workers who are currently homeless so as to affect the wages received to meet daily food needs, the workers are very vulnerable to COVID-19. The provision of multivitamins and foodstuffs is expected to help workers as one way to increase endurance in order to prevent COVID-19 [27].

Provision of communication, information, and education facilities in the prevention of Occupational Accidents and/or Occupational Diseases with the theme of COVID-19. It concerns to continue to remind participants that the importance of maintaining immunity so that it is not easily affected by disease, the importance of maintaining cleanliness and wearing personal protective equipment before work [28].

Provision of personal protective equipment (PPE) and Occupational Safety and Health Facilities with the form of activities:

- a. Giving PPE for COVID-19 for workers in the form of masks
- b. Provision of PPE for handling COVID-19 in healthcare providers

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The provision of PPE in the form of masks by BPJS Ketenagakerjaan is needed by workers because in some areas, the government requires everyone to wear a mask when having activities outside from house [29, 30]. This is especially the case with region that enforces local restriction, so that everyone who leaves the house but does not use a mask can be penalized. While the provision of PPE for healthcare providers is a form of BPJS Ketenagakerjaan concern for participants of BPJS Ketenagakerjaan consisting of cooperative health facilities as well as medical personnel who have a high risk in carrying out work in the workplace when providing care and treatment to participants infected with COVID-19.

CONCLUSION

Assistance of preventive activities for the handling of COVID-19 will be given to participants of BPJS Ketenagakerjaan in accordance with the mandate of the Minister of Manpower Regulation No. 10 of 2016 on Procedures for The Provision of Work Return Programs as well as Promotional Activities and Preventive Activities of Work Accidents and Occupational Diseases and in accordance with the availability of budget implementation of preventive and health promotion program of BPJS Ketenagakerjaan. Moreover, we also attempt to estimate reciprocal benefits of OHS promotion and prevention program of BPJS Ketenagakerjaan. The hypothesis of the research is how BPJS Ketenagakerjaan's work accident benefit provides greater benefit on preventing accident without neglecting compensation as the main program of social security.

Keywords: COVID-19, Occupational health prevention, Social security

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Author Contributions

Arie Arizandi Kurnianto – Conception of the work, Analysis of data, Interpretation of data, Drafting the work, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Zsolt Nemeskéri – Design of the work, Acquisition of data, Drafting the work, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Gergely Feher – Design of the work, Interpretation of data, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

István Ágoston – Conception of the work, Interpretation of data, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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Written informed consent was obtained from the patient for publication of this article.

Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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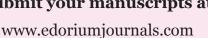


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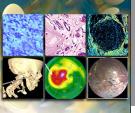








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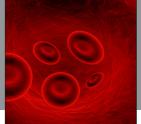




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