

HEALTH POLICY ANALYSIS: IMPLEMENTATION OF SELF-ISOLATION POLICY COVID-19 PATIENT IN CIKARANG COMMUNITY BEKASI REGENCY

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Abstract

The pandemic of Severe Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) that also known as COVID19 has brought a lot of losses, in terms of morbidity due to exposure to the virus and mortality, and the spread are so fast including at Bekasi Regency. The triangle of disaster management is the existence of government regulation, community participation and business involvement. The participation of health community representing the business involvement. To accelerate the response for this pandemic, the government makes policies and rules ranging from laws, regulations from Ministry of Health of Republic Indonesia to standard operating procedures that imposed by hospital and public health center. This research took data at Bekasi Regency West Java with qualitative data collection methods and an analytical descriptive research design. The data collection methods were in the form of in-depth interviews form stakeholders including confirm COVID-19 patients who had discharged form RSSM Hospital. The respondents from hospital were hospital director, nurses, and hospital administrators. The respondents from public health centre were surveillance officers. The patients with coronavirus including post-hospitalization and those who underwent self-isolation were confirmed by medical record from hospital. The result showed that monitoring of self-isolation cases was only for new cases found by the public health center, or we called Puskesmas but not post-hospitalized patients who were sent home to continue treatment at home.

Keywords: Community participation; Discharge planning; Health policy; Role of health workers; Self-isolation

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1. INTRODUCTION

Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) known as COVID-19 is a new type of disease. In August 2020 about 6.858 people have died, including human health resources. The spread of coronavirus in Indonesia started at March 17, 2020. The Presidential decree No.11,2020 and Regulation (PP) No.21,2020 concerning large-scale social restrictions (PSBB) had established as Public Health Emergency.

Bekasi Regency is a densely populated area that bordering Bogor Regency, Jakarta, Bekasi City and Karawang. Bekasi Regency has 23 subdistricts, 7 urban villages, 180 villages, and 11 islands with an area of 1,22.88 km² and population distribution is 2,0885 people/km² (1).

The number of positive cases of COVID-19 on August 25,2020 at Bekasi Regency are 672 people who were confirmed as COVID-19 and 38 people died, 47 as patient under supervision, 6005 people are suspected and 2699 close contact with confirmed patient COVID 19 (2).

The meaning of close-contact are to be close to a confirmed COVID-19 less than one meter for minimum 15 minutes without wearing a mask; direct contact with confirmed patients without using personal protective equipment according to the provisions or conditions that coronavirus contamination (3).

WHO as a world health agency said to tackling the pandemic COVID-19 health care with community which provide essential health services with information system (4).

To response pandemic COVID-19 the government, private sector and the community must share responsibility according UU No.24 2007 and BNPB as leading sector to have coordination to the relevant ministries (3).

To control spreading coronavirus the public health center or *puskesmas* there are a guideline for epidemiological surveillance. The pillars control including epidemiological surveillance, case management, isolation, quarantine, and essential health services (5)(6).

Based on a circular letter from the Ministry of Hospital on October 16, 2020 said about patients who are confirmed positive for Covid-19: for patients without symptom or mild symptom are carried out in self-isolation for 14 days after completion, for patients with moderate to severe symptom such as shortness of breath, fever and diarrhea will be isolated in a hospital or referral hospital. Patient can be discharged from hospital treatment after clinical assessment including radiological images that showing improvement, no action/treatment are needed after 7 days being alert to the emergence of symptoms and consistently implementing health protocols. Indonesian Ministry of Health also provide The Corona Virus Hotline to improve the communication (3). Definition for mild symptoms in COVID-19 patient are fever, dry cough dan feeling tired, but there are unusual symptoms such sore throat, red eyes, loss sense of smell or taste a rash on fingers and toes (7)(8).

People who have confirmed COVID-19 in Bekasi regency are still high until the end of this research. The question of this situation is

the implementation of health policies, starting from hospital treatment, the role of human health resources and the community in carrying out efforts to accelerate the prevention of COVID-19. The problem is how good the acceleration of COVID-19 prevention from post-treatment care at home and self-isolation (9)(10).

Through this research, it is expected to find out the extent to which the implementation of government policies in Bekasi Regency regarding self-isolation has been implemented as well as compliance with the guidelines for handling the pandemic (11).

2. METHODS

The research design is a descriptive analytic study on the implementation of health policies with qualitative data collection methods in the form of in-depth interviews from stakeholders through google form, telephone, and zoom meeting.

Collection data are from Public Health Center Officer, Doctors, Nurses, patient and community officer.

3. RESULTS AND DISCUSSION

3. 1. Self-Isolation Protocol Policy

Self-isolation is an effort made by someone who is confirmed to have COVID-19 to remain silent and limit activities at home while maintaining personal health conditions and keeping a distance from other family members. The isolation protocol is carried out by always wearing a mask and disposing of used masks not in any place.

People who are confirmed to have COVID-19 are advised to take advantage of online doctor consultations, also known as

telemedicine, to consult about patient conditions.

The implementation of self-isolation requires the person concerned to work at home and or contact with confirmed COVID-19 patients, try to stay away from crowds, use separate bedrooms and bathrooms from other family members, not use the same eating utensil, keep a distance during activities and sunbathe in the sun. In patients who experience a decrease in health conditions such as shortness of breath, high fever, they are referred to the hospital.

The policy for implementing the self-isolation protocol starts from the process of identifying people who are exposed to the coronavirus through symptoms that are felt or from the results of contact tracing and citizen reports or based on the results of rapid test that are carried out independently

Contact tracing for symptomatic patients is to identify anyone who has had close contact with confirmed patients for two days before diagnosed and ten days after appearance of symptoms. Contact tracing is carried out by health workers or task force in an institution that is considered to understand contact tracing for provide information about the time, place and person associated with confirmed patients, and provide recommendations for self-isolation.

People are at risk of being confirmed by COVID-19 or positive result from rapid-test have to checked by PCR test (Polymerase Chain Reaction) for examination of the SARS Co-2 virus by detecting viral DNA. If the PCR

is positive confirmation, that person concerned must undergo self-isolation.

3. 2. Government Role

The COVID-19 task force is processing updated data whose access is provided by health facilities to be able to see the increasing of the confirmed coronavirus in each region. The data used to make policies to accelerate the response of pandemic.

As a representative the government, “*puskesmas* surveillance” officers will provide education on the correct procedure of isolation starting with ensuring appropriate places for self-isolation such as for other family members, give vitamin, and carried out assistance through WhatsApp application and home visit (12).

Based on the circular letter from the ministry of health the standard operational procedure for handling coronavirus disease, if their asymptomatic people or person under monitoring whose data are obtained from health services the surveillance coordination or public health officer should make a contact and make sure those people has completely finished 14 days for self-isolation process.

According to minister of finance S-275/MK.02/2020 concerning reimbursement of costs for treatment of emerging infectious disease for coronavirus diseases 2020 services said that there’s no charge for patients who are hospitalized until tis declared that treatment is complete, whether they are recovery or passed away (13).

3. 3. The Role of Human Health Resources

The role of health workers as human resources who are devote themselves to health sector and have knowledge or certified through

education as stipulated in PMK No.36, 2014 and in pandemic they duty include promotive, preventive, curative and making policies in these efforts (5).

The role of human health resources who devote themselves to the health sector and have skills through education s stipulated in the role Ministry of Health No. HK. 01. 07 / Menkes /413/2020 concerning guidelines for the prevention and control of coronavirus disease 2019. This policy regulates the pandemic prevention strategy trough the pillars of prevention, including case finding, isolation, tracking, contact quarantine and contact quarantine monitoring (14).

To accelerate the response to the COVID-19 pandemic we must know of human health resources amount. According to data from the 2015 Ministry of Health Bekasi Regency has 306 doctors, 45 dentists, nurses, 1007 midwives and 789 other working in government and private health services (2).

For promotive efforts for health workers are carried out through education such as procedures for taking medicine, recommendations to always wear masks and education trough leaflets on procedures for post-hospital care and regular drug consumption (15).

Prevention efforts for health workers on duty are to infection control in health care facilities through clean and healthy life behavior (PHBS), use of personal protective equipment, limiting patient’s family visit in the position of caregiver for the community (3).

The other preventive measures include controlling coronavirus transmission in the

community by conducting regular rapid risk assessments with epidemiological investigations including contact tracing and surge capacity for health services (11).

Assistance of human health resources to the community with confirmed COVID-19 also provide education on the fulfillment of nutritional intake as an effort to increase immunity. For patients with confirmed coronavirus by providing high protein foods and providing vitamins including adequate pro-vitamin D which can be obtained through exposure to sunlight (15).

The health workers doing their responsibility for curative field doing diagnosis, first aid, health care both in hospital and in other health care facilities, by administering medicines according to the symptoms felt by the patient. Each confirmed patient of COVID-19 has different can be different from one another, especially if there are comorbidities.

COVID-19 patient with comorbidities including hypertension, diabetes, cancer or other diseases instructed to the medication as recommended and have regular control.

The health workers in assisting self-isolation people starting from the stages of establishing a diagnosis, providing therapy to rehabilitating patients given the stigma of fear in the community for residents around confirmed coronavirus.

According to standard operating procedures in patient discharge, the hospital officers or nurse will provide education for self-care at home including taking medication and wearing masks, but from this research they

don't provide complete information about self-isolation procedure.

From data of the Indonesian Ministry of Health regarding residents who have confirmed the virus is followed up with community assistance confirmed coronavirus by *puskesmas*, where patients are not post-hospitalized because they are considered to have received treatment even though they are continued with self-isolation at home. As we know that the incubation period of coronavirus are 14 days.

3. 4. Community Participation

The responsibility for supported disaster management for pandemic are government, health works and also community participation (16).

The role of the community in accelerating the response to coronavirus pandemic can seen by the involvement of RT/RW/village heads, including conveying information for educating residents in prevention efforts, including self-isolation efforts, and encouraging citizen participation and make coordination with *puskesmas* who need assistance (17).

The education which provided to the public are about definition of contact tracing, who are at high risk of being exposed to coronavirus to trace suspect for prevent the spread of virus, and how to get help for assistance and identification for contact tracing.

To ensure that residents undergoing self-isolation do not leave their homes. When there is resident got confirmed coronavirus the regional head, *puskesmas* officer and

policeman will explain to them the self-isolation protocol.

The community assisting the process of self-isolation the procurement of daily necessities given the limited movement to leave the house for those implementing self-isolation.

4. CONCLUSION

The role of the community in dealing with pandemic has been seen from the involvement of RT/RW in supporting the implementation of self-isolation by helping the needs of the community who carry out self-isolation and reporting to the “three pillars” are head of village, regional army or “*Babinsa*” and policeman. The implementation of contact tracing is carried out not only by health workers but also requires assistance from the community for information on community behavior. The role of health workers in accelerating the response to the pandemic is quite large, so it is deemed necessary to have training not only for government health facilities but also health facilities managed by the private sector. As an effort to accelerate the response to the pandemic based on research results, it is deemed necessary to implement community service activity regarding integrated self-isolation between health workers, local governments and the community through education provided by health workers is urgently needed and through training and online seminars.

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