

## PEMETAAN PERILAKU BERISIKO DI IGD RS PANTI RINI YOGYAKARTA

### Abstrak

**Latar belakang:** Pandemi COVID-19 merupakan bencana non-alam yang mudah menjangkit tenaga kesehatan yang bertugas di unit Instalasi Gawat Darurat (IGD) sebagai tempat *screening* pasien, dengan proporsi risiko tinggi 2-35%. Berbagai faktor lainnya dapat menyebabkan risiko tenaga kesehatan terkonfirmasi COVID-19.

**Tujuan:** Mengidentifikasi faktor risiko yang dapat diubah (*modifiable risk factors*) terpaparnya staf IGD RS Panti Rini terhadap COVID-19, memetakan upaya mitigasi risiko yang telah dilakukan, dan menyusun rekomendasi area perbaikan bagi perlindungan staf di IGD.

**Metode:** Penelitian deskriptif desain *Mixed Method Sequential Explanatory*. Pengumpulan data kuesioner mitigasi risiko (*man, method, machine, dan material*), wawancara dan FGD. Lokasi penelitian di IGD RS Panti Rini jumlah total sampling, 36 orang, FGD 2 kelompok dan 8 responden (faktor *money*) serta observasi lingkungan (rekayasa *engineering*, pengendalian administratif, dan komponen APD. Analisis data statistic *central tendency* dengan frekuensi dan persentase, pemetaan berdasar grading, penyebab langsung/tidak langsung dan analisis deskriptif.

**Hasil:** Didapatkan faktor risiko yang dapat diubah yakni faktor *man* staf medis 96,3% (level I), non-medis 100% (level I); dan faktor *method* yakni staf medis 70,4% (level I) dan 29,6% (level II), serta non-medis 100% (level II). Faktor risiko yang tidak dapat diubah yakni *machine* berupa staf 75% (level I), 16,7% (level II), 8,3% (level III); dan faktor *material* 94,5% (level I) dan 5,5% (level II). Faktor *money* tidak terdapat hambatan. Observasi rekayasa *engineering* terpenuhi 55,5%, belum terpenuhi 45,5%, ketersediaan administratif terpenuhi 85,7% dan komponen APD 100% terpenuhi.

**Kesimpulan:** Faktor risiko yang bisa diubah staf yaitu faktor *man* (faktor risiko penyebab langsung) yaitu kepatuhan kelengkapan APD dan *method* (penyebab tidak langsung (non kausatik) yaitu dekontaminasi/didinfeksi. Faktor *material*, dan *money* telah diupayakan manajemen RS dan terpenuhi. Area perbaikan mengusulkan dan evaluasi SOP dekontaminasi/disinfeksi, *donning/doffing* APD dan faktor *machine* melengkapi ketersediaan rekayasa *engineering* (sistem HVAC, filter HEPA dll) dengan mengutamakan *safety* bagi staf IGD dan RS.

**Kata Kunci:** Faktor risiko, Mitigasi risiko, Pandemi COVID-19, Staf

## MAPPING RISKY BEHAVIOR IN THE EMERGENCY DEPARTMENT OF PANTI RINI HOSPITAL YOGYAKARTA

### Abstract

**Background:** The COVID-19 pandemic is a non-natural disaster that easily infects healthcare workers in the Emergency Department where the patients screening takes place with a high-risk proportion of infection around 2-35%. Many other factors could highly risk the medical workers being contaminated by the COVID-19

**Aim:** To identify modifiable risk factors that had contaminated the Emergency Room staff of Panti Rini Hospital, define the risks mitigation that had been done, and propose recommendations on improvement areas to protect staff members in the Emergency Department

**Method:**

Descriptive research design Mixed Method Sequential Explanatory. Data collection of risk mitigation questionnaires (man, method, machine, and material), interviews, and FGD. The research location was in the ER Panti Rini Hospital with a total sampling of 36 people, FGD 2 groups and 8 respondents (money factor) as well as environmental observations (engineering, administrative control, and PPE components. Central tendency statistical data analysis with frequency and percentage, mapping based on grading, direct/indirect causes, and descriptive analysis..

**Result:** the research found modifiable risk factors that are: Man factor of medical staff 96,3% (level I), non-medical 100% (level I); Method factor that is medical staff 70,4% (level I) and 29,6% (level II) also non-medical 100% (level II). Unmodifiable risks are: Machine factor regarding staff 75% (level I), 16,7% (level II), 8,3% (level III); and Material factor 94,5% (level I) and 5,5% (level II). There is no obstacle regarding the Money factor. Engineering observations that were fulfilled are 55.5%, then 45.5% were not fulfilled, administrative availability was 85.7% fulfilled and PPE components were 100% fulfilled

**Conclusion:** The modified risk factor are Man Factor (as direct cause of risk factor) and Method Factor (as indirect non causative). The Money and Material factors have been conducted and fulfilled by the hospital management. Improvement are by proposing pandemic-adjustable SOP and fulfill the availability on engineering (The Machine Factor) by prioritizing safety for all of the ER and hospital staff.

**Keywords:** *risk factor, risk mitigation, COVID-19 pandemic, staff*