Kewaspadaan Tenaga Kesehatan Dalam Pelayanan COVID-19

Menaldi Rasmin

Patient Safety

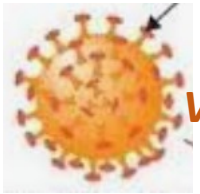
The absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm associated with health care to an acceptable minimum

World Health Organization

Good preparation
Good procedure
Good post-procedure care

Healthcare Providers Safety

Hazards on jobs : sharp injuries, harmful exposures to chemical and hazardous drugs, back injuries, latex allergy, violence and stress



Virus transmission

CDC Centers for Disease Control and Prevention

Health care Providers Safety :

Team approach with good teamwork
Personal Protection Equipment
Good and safe equipment
Good environment protection (from infection and or any dangerous risk

PRESIDEN
REPUBLIK INDONESIA

UNDANG-UNDANG REPUBLIK INDONESIA

NOMOR 1 TAHUN 1970

TENTANG

KESELAMATAN KERJA

BAB III SYARAT-SYARAT KESELAMATAN KERJA

Pasal 3 (1)

f. memberi alat-alat perlindungan diri pada para pekerja
g. mencegah dan mengendalikan timbul atau menyebarluasnya suhu, kelembaban, debu, kotoran, asap, uap, gas, **hembusan angin**, cuaca, sinar atau radiasi, suara dan getaran
h. mencegah dan mengendalikan **timbulnya penyakit akibat kerja baik physic maupun psychis**, peracunan, infeksi dan penularan
k. menyelenggarakan **penyegaran udara** yang cukup
l. memelihara **kebersihan, kesehatan dan ketertiban**

MENTERI KESEHATAN
REPUBLIK INDONESIA

PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA

NOMOR 66 TAHUN 2016

TENTANG

KESELAMATAN DAN KESEHATAN KERJA RUMAH SAKIT

Indonesia

Coronavirus Cases:

2,072,867

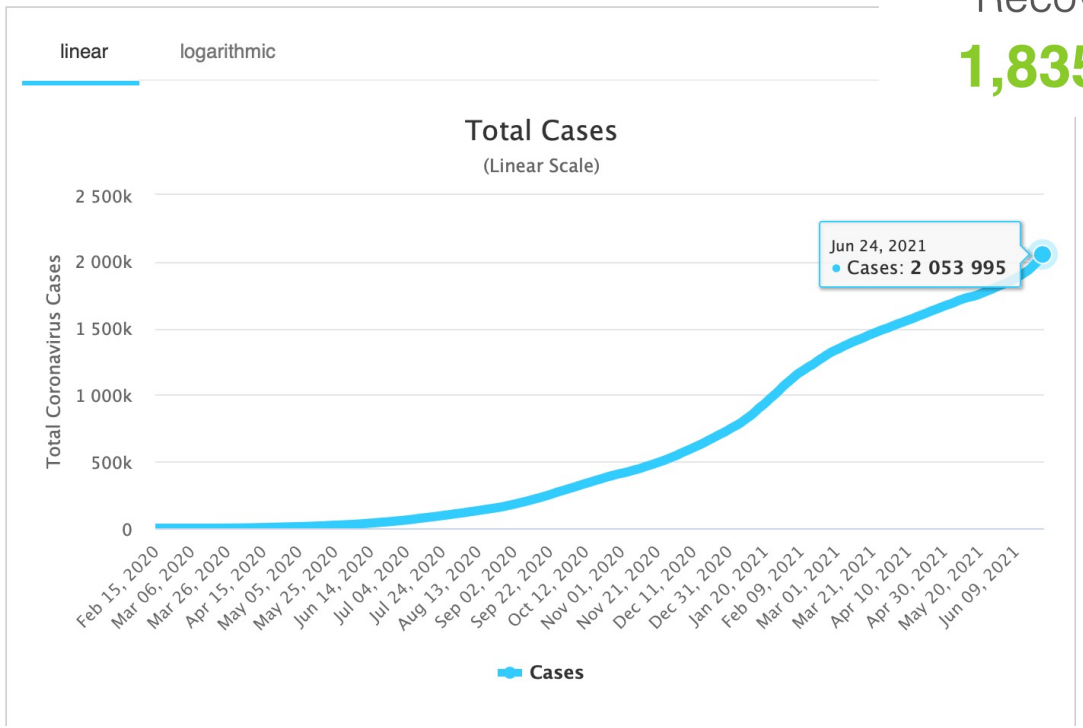
Deaths:

56,371

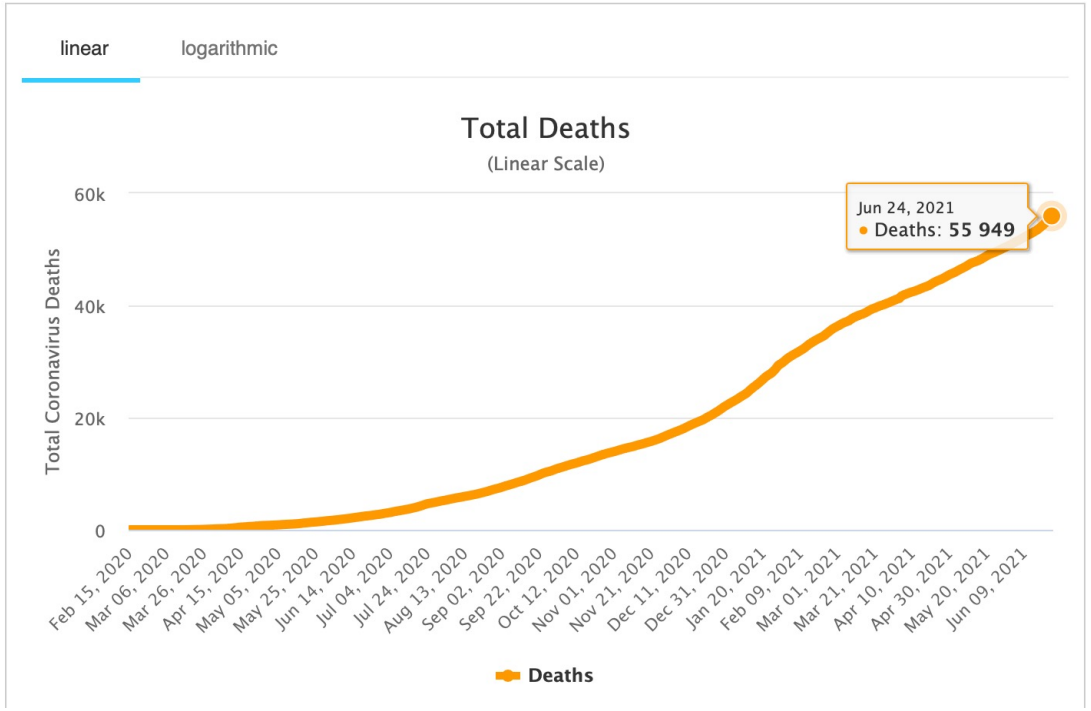
Recovered:

1,835,061

Total Coronavirus Cases in Indonesia



Total Coronavirus Deaths in Indonesia



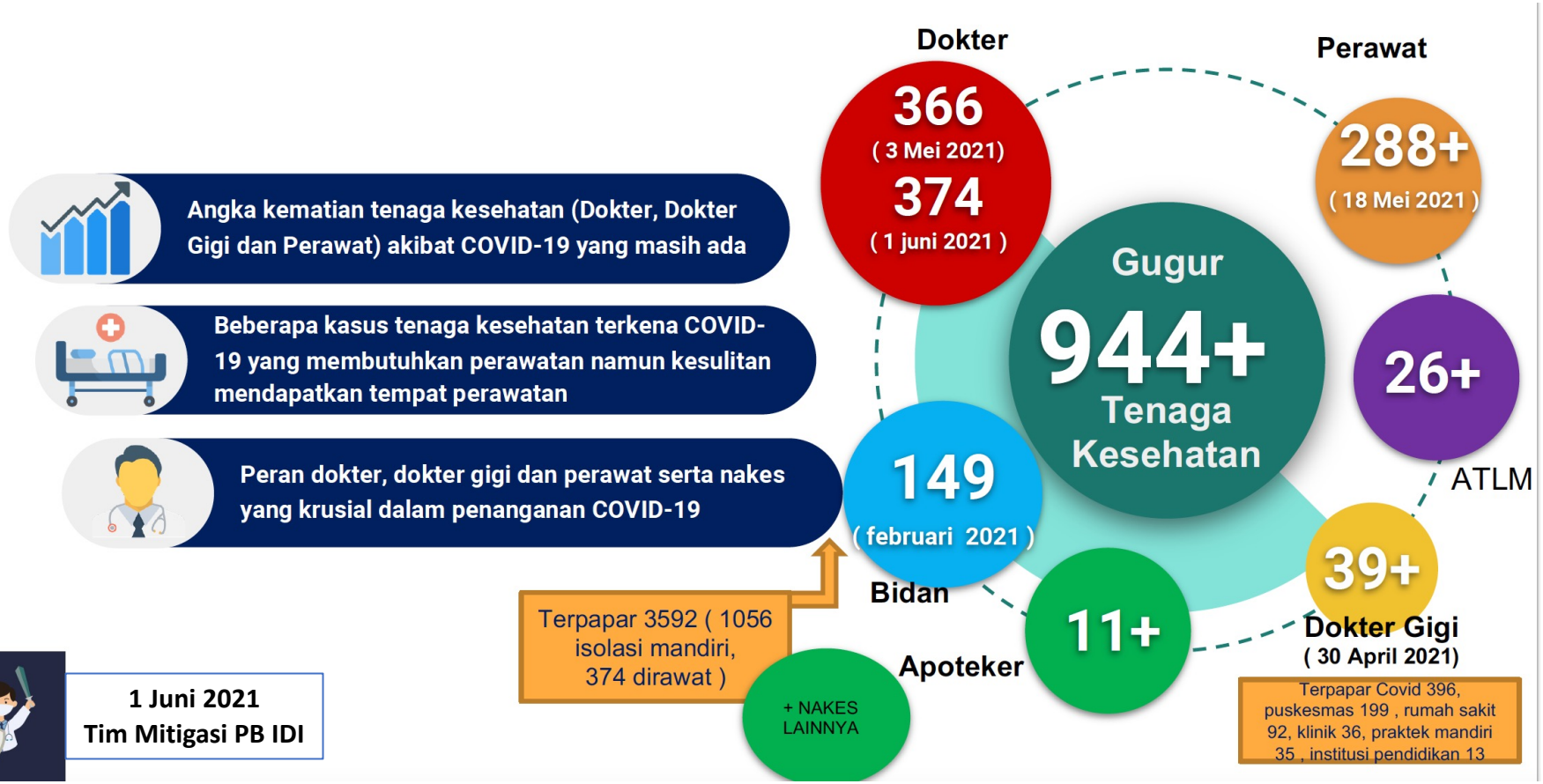
Mortalitas saat Libur

Libur HUT RI
15 - 22 Agustus 2020
Angka Kematian
Naik 70%

Maulid Nabi
29 Okt - 1 Nov 2020
Angka Kematian
Naik 26%

Akhir Tahun 2020
Awal Tahun 2021
Angka Kematian
Naik 42%

Tahun Baru Imlek
12 - 14 Februari 2021
Angka Kematian
Naik 21%



Jumat, 25 Jun 2021 18:34 WIB

IDI: Sudah 401 Dokter di Indonesia Wafat Akibat COVID-19

Adib Khumaedi-Ketua Terpilih PB IDI

25 Juni 2021

Dokter	: 401
Perawat.	: 315
ATLM.	: 25
Dokter Gigi	: 43
Apoteker	: 15
Bidan	: 150

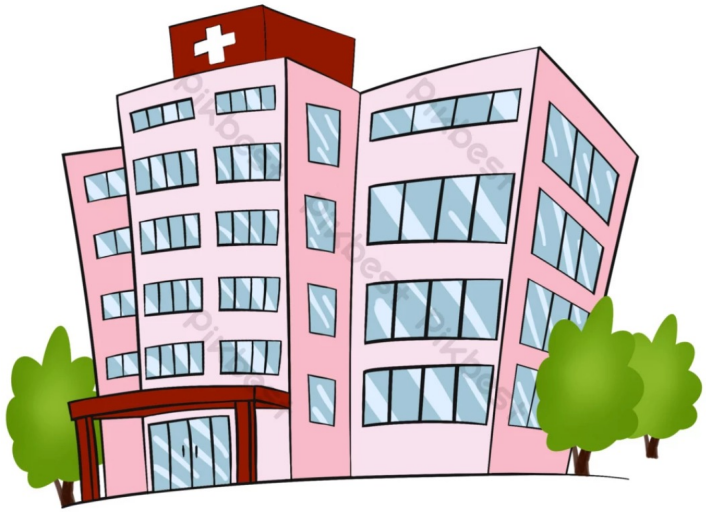
Klaster Rumah Sakit & Hak Sehat Pasien NonCOVID

RS NonCOVID

campur

Klaster RS
Hak Sehat pasien nonCOVID hilang
Pasien komorbid → Pasien COVID-19

[termasuk risiko untuk dokter & nakes]



RS COVID

Fasilitas Layanan Kesehatan

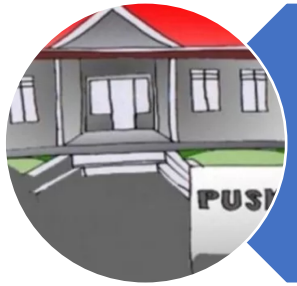
Tingkat Tersier

- Pengobatan : Kelas Berat dengan penyulit & Kritis
- Tindakan khusus

Tingkat Sekunder

- Diagnostik
- Pengobatan : Kelas Sedang & Berat tanpa penyulit
- Rujukan Pertama

Tingkat Primer



- Edukasi, Pencegahan (5M, vaksinasi)
- 3T (Telusur, Tes, Terapi-Kelas Ringan
- Isolasi Mandiri

Clinical Spectrum of SARS-CoV-2 Infection

Last Updated: April 21, 2021

Asymptomatic or Presymptomatic Infection: Individuals who test positive for SARS-CoV-2 using a virologic test (i.e., a nucleic acid amplification test [NAAT] or an antigen test) but who have no symptoms that are consistent with COVID-19.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging.

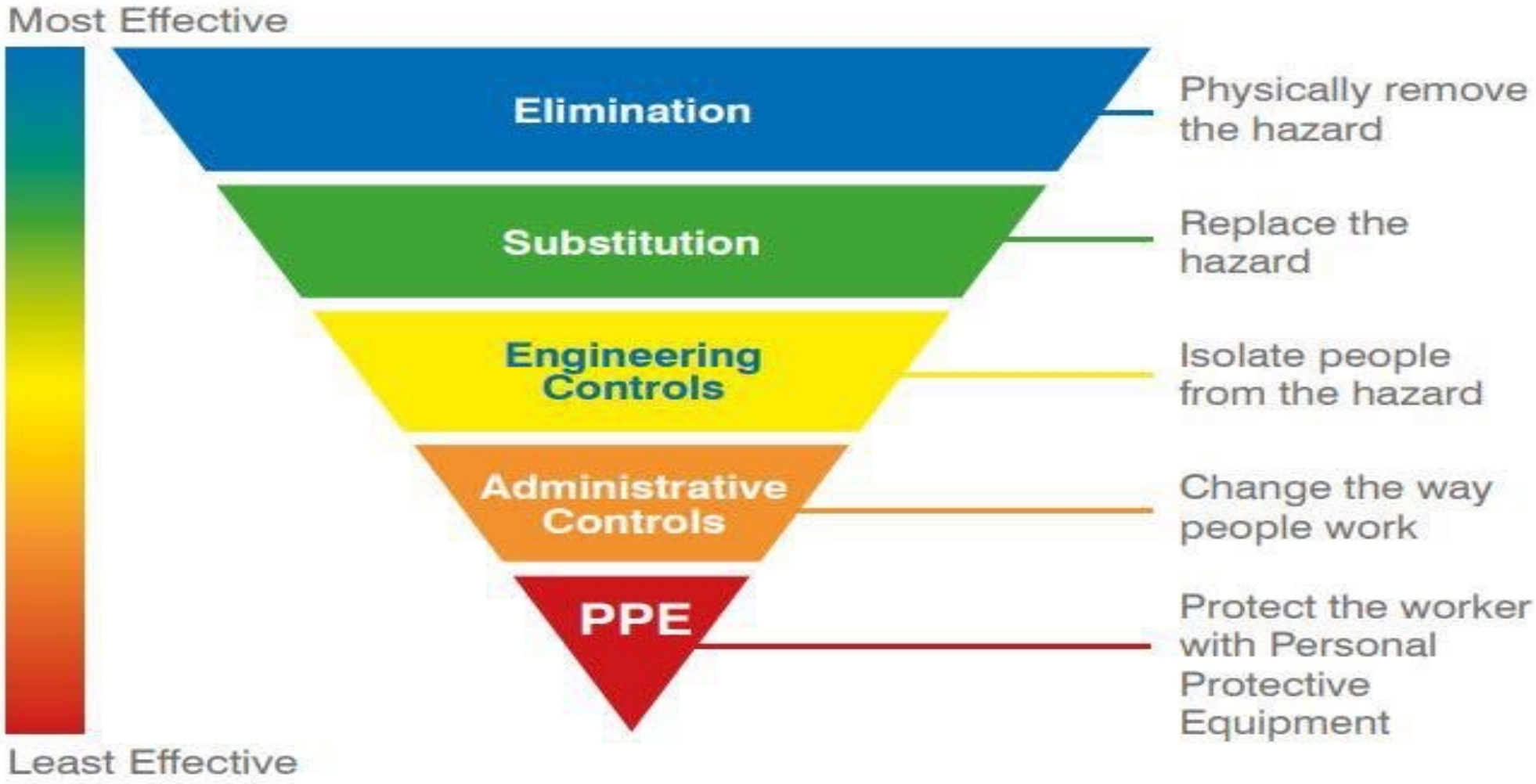
Moderate Illness: Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have an oxygen saturation (SpO_2) ≥94% on room air at sea level.

Severe Illness: Individuals who have SpO_2 <94% on room air at sea level, a ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO_2/FiO_2) <300 mm Hg, respiratory frequency >30 breaths/min, or lung infiltrates >50%.

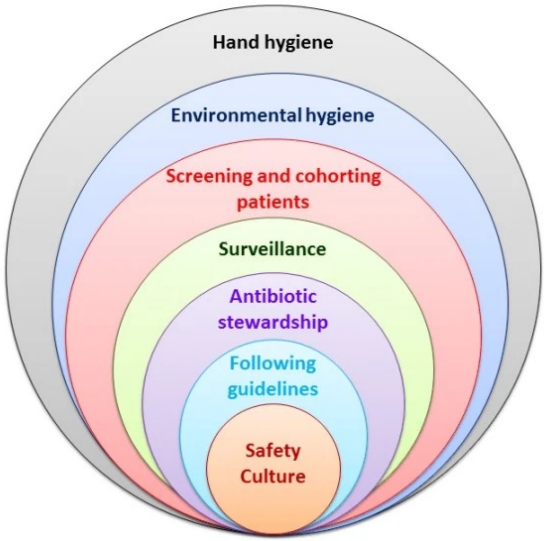
Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

NIH | COVID-19 Treatment Guidelines

Hierarchy of Controls

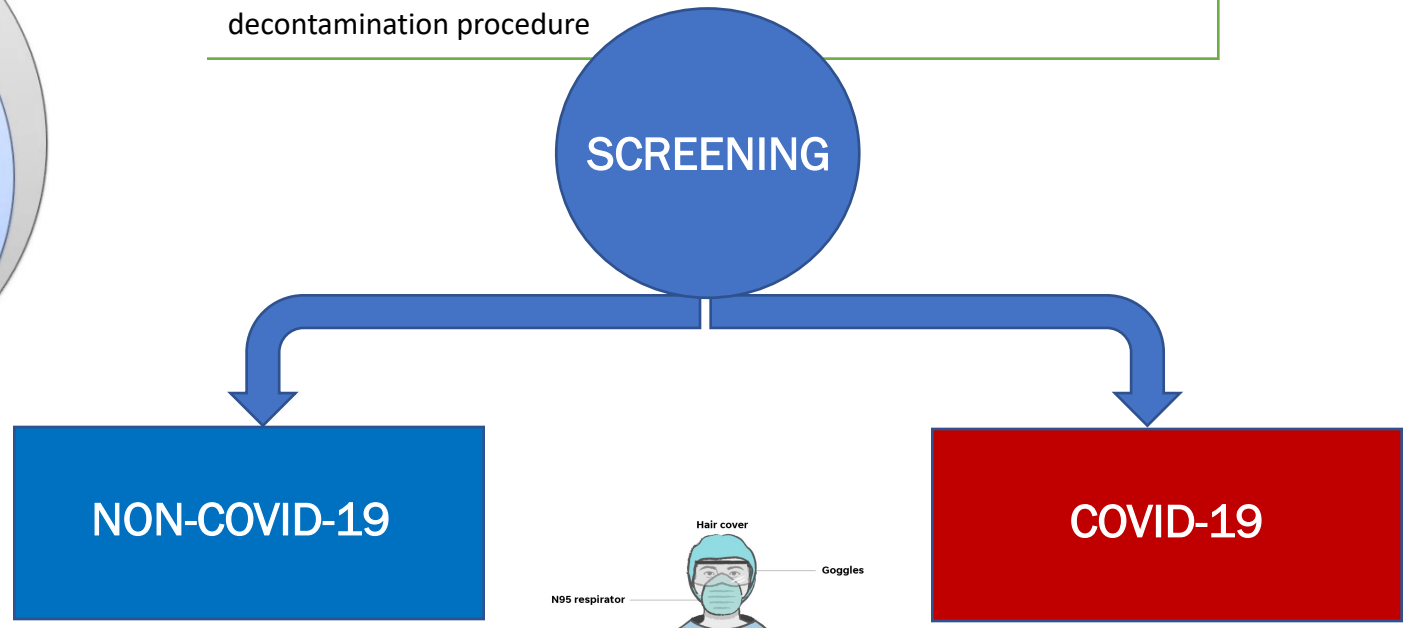


7 strategies to prevent healthcare-associated infections

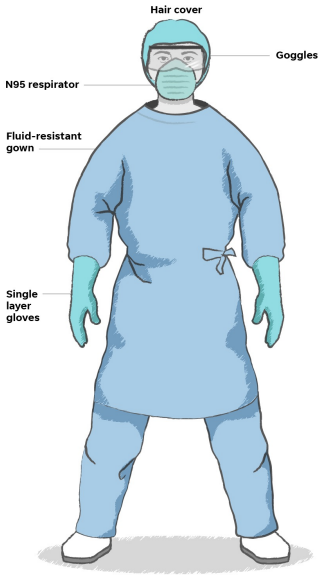


COVID-19 Protocol :

- in non-Only for COVID-19 facilities
- all sites/places contacted with(suspected/confirmed) COVID-19 patients for interventional/surgical procedures should be closed for 3 days decontamination procedure



Beware : undetected COVID-19
Indications : Diagnostic, Therapy, Surgical support



COVID-19 Protocol
Indication : life threatening conditions

Hand hygiene
PPE: donning-doffing
masks

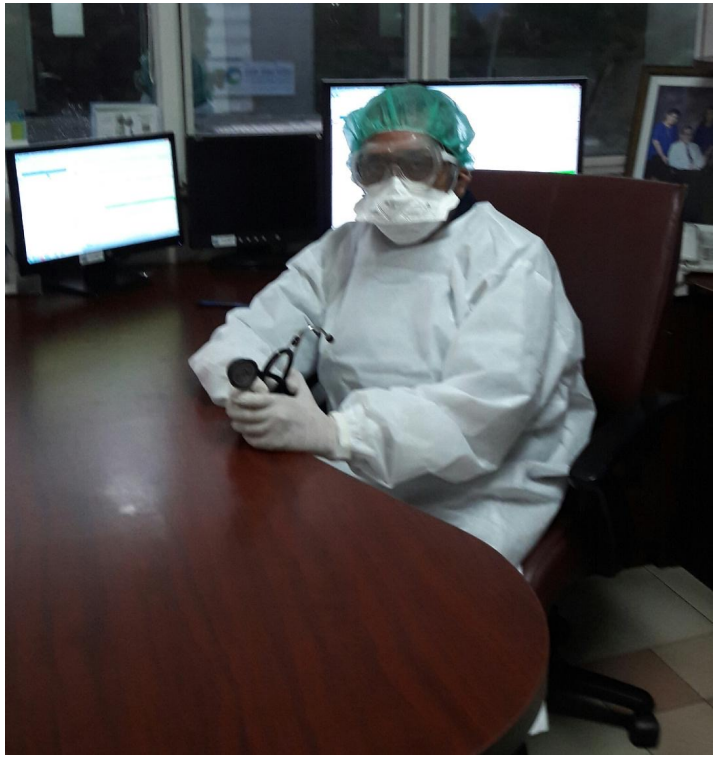
Interventional/Surgical Team : high level PPE

Dokter di Poli

Himbauan DirJen Pelayanan Kesehatan Kemenkes RI tertanggal 5 April 2020 untuk Tidak Praktik Rutin Kecuali Emergensi

3. Mengembangkan pelayanan jarak jauh (telemedicine) atau aplikasi *online* lainnya dalam memberikan pelayanan kepada pasien dan keluarga pasien yang memerlukan

4. Dokter, Perawat dan tenaga Kesehatan lain yang berusia di atas 60 tahun dan memiliki penyakit penyerta, dianjurkan untuk bekerja di rumah dengan memanfaatkan fasilitas teknologi informasi (telemedicine)



- **Kurangi tempat praktik : turunkan angka transmisi virus**
- **Kurangi jumlah hari praktik per minggu**
- **Kurangi jumlah pasien yang diterima setiap kali praktik**
- **Kurangi lama jam kontak dengan pasien**
- **Gunakan APD ‘terbaik’**

Kunjungan Dokter di Ruang Rawat

- Kunjungan pasien rawat inap oleh Tim DPJP (bukan individu)
- Rasio : 1 Tim yang terdiri dari 3 orang Dokter untuk 20 orang pasien
- Tim-A bekerja 2 (dua) minggu lalu, lepas 1-2 minggu
- Saat Tim-A lepas tugas, digantikan oleh Tim-B untuk 2 minggu
- Minggu ke-3/4 Tim-A kembali bekerja bisa di bangsal yang sama, tapi sebaiknya di bangsal yang berbeda

- Keuntungan pasien
- Menurunkan risiko infeksi pada setiap Dokter
- Menjaga kesehatan jangka panjang Dokter
- Kolaborasi antar disiplin ilmu

COVID-19 : Bahaya yang terabaikan

Original research

BMJ Open Ophthalmology

Are eyes the windows to COVID-19? Systematic review and meta-analysis

Rina La Distia Nora ,[1,2] Ikhwanuliman Putera,[1] Dhiya Farah Khalisha,[1] Indah Septiana,[1] Asri Salima Ridwan,[1] Ratna Sitompul[1]

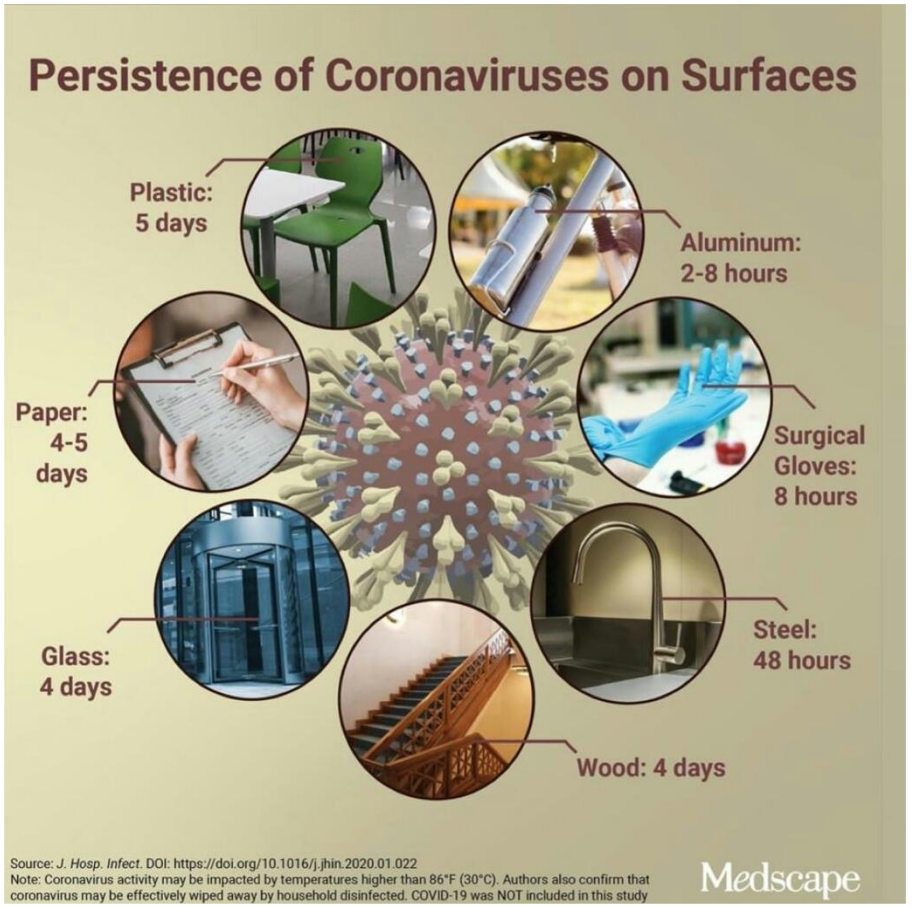
ABSTRACT

Objective To review and critically appraise the ocular manifestation and the presence of SARS-CoV-2 through PCR positivity from ocular samples in COVID-19-related patients. Moreover, to evaluate the time and severity association of ocular manifestation to systemic disease of COVID-19.

Methods and analysis A systematic literature search from PubMed, ScienceDirect and Google Scholar databases was performed using standardised Preferred Reporting Items for Systematic Reviews and Meta-Analyses guideline. Selected keywords were related to COVID-19, ocular manifestation and PCR testing of SARS-CoV-2. Studies were assessed for their validity, and the data were extracted by two independent reviewers. Observational, case series and case report studies were included if they met the selection criteria. Meta-analysis was performed to estimate the pooled prevalence of ocular manifestations and PCR positivity from tears.

Results Thirty-one articles were qualitatively reviewed, and 14 studies were included in the meta-analysis. The pooled prevalence of ocular manifestation among COVID-19-related patients was 0.05 (95% CI 0.02% to 0.08). The overall PCR from tears samples positivity rate from COVID-19-related patients presenting with ocular manifestation was 0.38 (95% CI 0.14% to 0.65). Ocular manifestation could precede systemic manifestation in about 0.28 (95% CI 0.05% to 0.58) of COVID-19-related patients with ocular manifestations. Besides, ocular manifestation was not associated with a severe form of COVID-19.

Conclusion Although the overall number of ocular manifestation and SARS-CoV-2 PCR positivity rate from ocular samples was very low, around a quarter of COVID-19-related patients with ocular manifestation presented their ocular manifestation earlier than the systemic manifestation regardless of the severity. Interestingly, SARS-CoV-2 PCR was positive from one-third of ocular samples, which could potentially be the source of infection to the respiratory tract and the environment, although the infectivity is yet to be determined.



The COVIDSurg Collaborative

Reports 30-days results of an international cohort study assessing postoperative outcomes with COVID-19 :

605 (53,5%) men, 523 (46,4%) women

Age : <50 yo 214 (19,0%)
50-69 yo 353 (31,3%)
>70 yo 558 (69,5%)

SARS CoV-2 diagnosed **postoperatively** in 806 **(71,5%)**

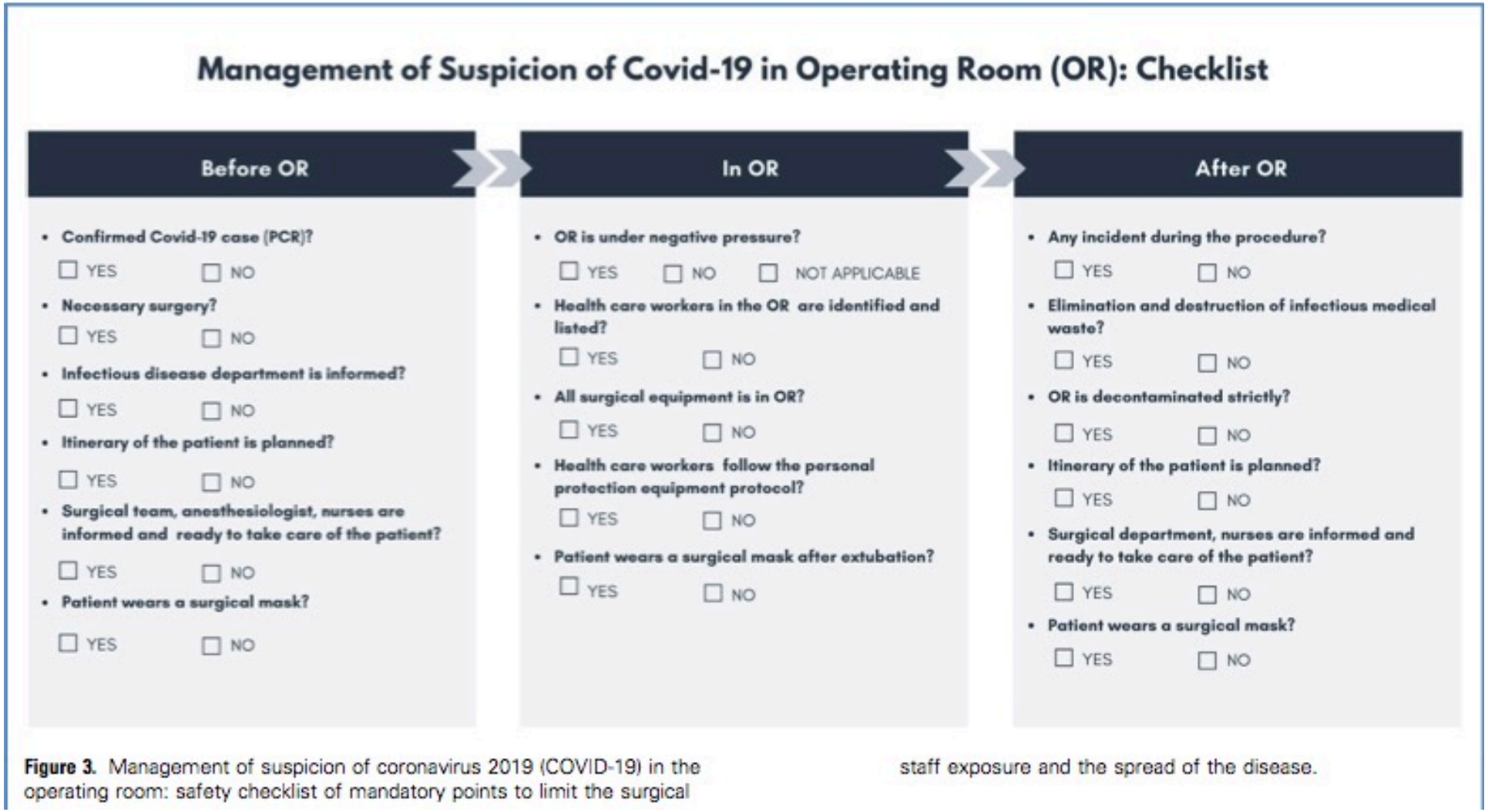
Primary outcome (overall postoperative mortality at 30 days (268/1128) : 23,8%

Pulmonary complication : 577 (51,2%) with 30 days mortality 38% (219/577)
→ **82,6% (219/265) of all deaths**

Risk Factors for Mortality : Age 70 years or older, Male sex, poor preoperative Physical health status, Emergency vs elective surgery, Malignant vs benign or obstetric diagnosis & more Extensive surgery

Myles PS, Maswime S. Mitigating the risks of surgery during the COVID-19 pandemic. www.the.lancet.com Vol.396, July 4 2020

COVID-19 : Daftar Tilik di Kamar Bedah



Management of Suspicion of Covid-19 in Operating Room (OR): Checklist

Before OR

- **Confirmed Covid-19 case (PCR)?**
  ☐ YES ☐ NO
- **Necessary surgery?**
  ☐ YES ☐ NO
- **Infectious disease department is informed?**
  ☐ YES ☐ NO
- **Itinerary of the patient is planned?**
  ☐ YES ☐ NO
- **Surgical team, anesthesiologist, nurses are informed and ready to take care of the patient?**
  ☐ YES ☐ NO
- **Patient wears a surgical mask?**
  ☐ YES ☐ NO

In OR

- **OR is under negative pressure?**
  ☐ YES ☐ NO ☐ NOT APPLICABLE
- **Health care workers in the OR are identified and listed?**
  ☐ YES ☐ NO
- **All surgical equipment is in OR?**
  ☐ YES ☐ NO
- **Health care workers follow the personal protection equipment protocol?**
  ☐ YES ☐ NO
- **Patient wears a surgical mask after extubation?**
  ☐ YES ☐ NO

After OR

- **Any incident during the procedure?**
  ☐ YES ☐ NO
- **Elimination and destruction of infectious medical waste?**
  ☐ YES ☐ NO
- **OR is decontaminated strictly?**
  ☐ YES ☐ NO
- **Itinerary of the patient is planned?**
  ☐ YES ☐ NO
- **Surgical department, nurses are informed and ready to take care of the patient?**
  ☐ YES ☐ NO
- **Patient wears a surgical mask?**
  ☐ YES ☐ NO

Figure 3. Management of suspicion of coronavirus 2019 (COVID-19) in the operating room: safety checklist of mandatory points to limit the surgical staff exposure and the spread of the disease.

Grelat M, Pommer B, Portet S, Amelot A, Barrey C, Leroy H-A, Madkoury R. Patients with Coronavirus 19 (COVID-19) and Surgery : Guideline and Checklist Proposal. WORLD NEUROSURGERY 2020;139: E769-E773

COVID-19 : Alur di Kamar Bedah

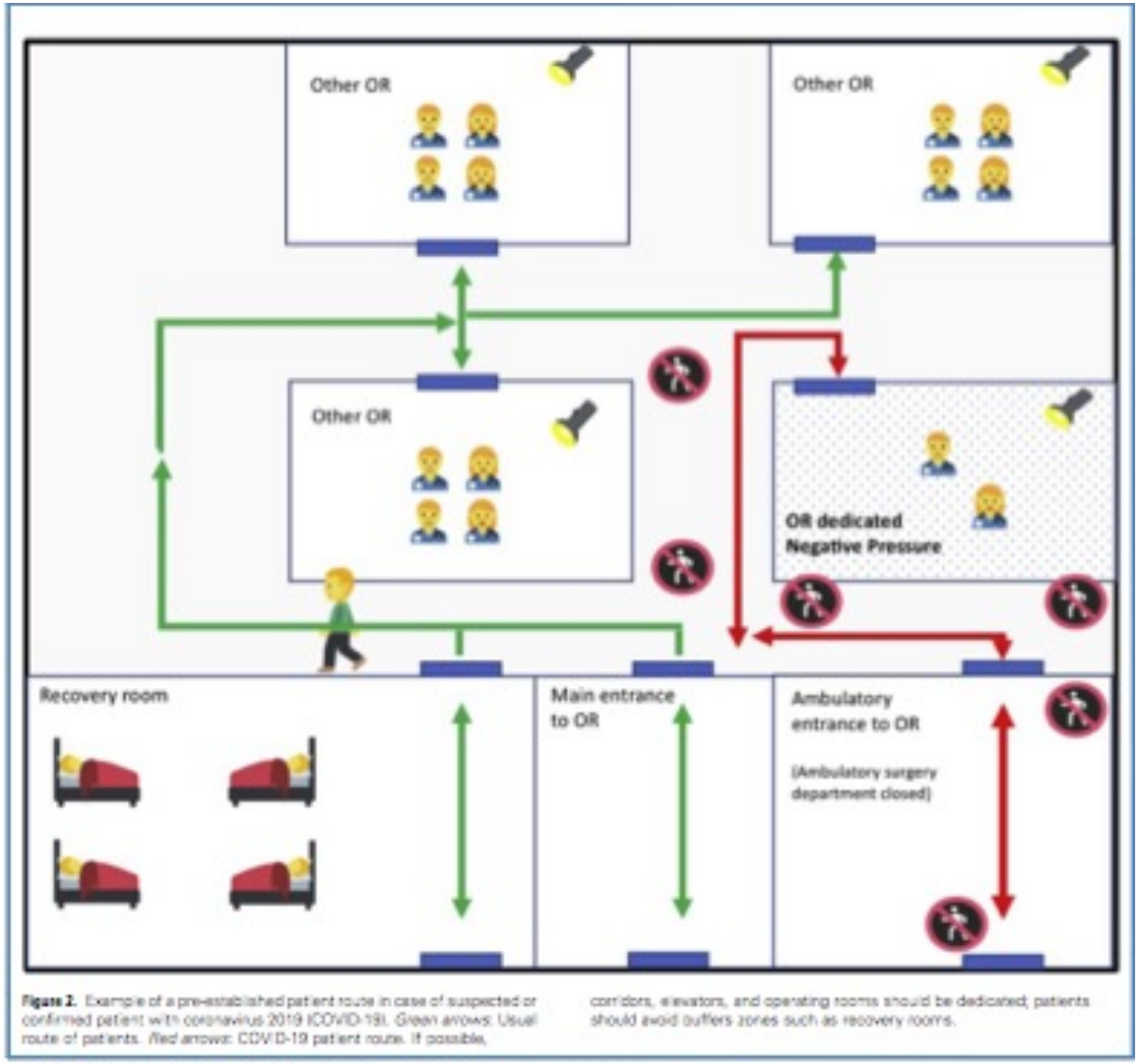


Figure 2. Example of a pre-established patient route in case of suspected or confirmed patient with coronavirus 2019 (COVID-19). Green arrows: Usual route of patients. Red arrows: COVID-19 patient route. If possible, corridors, elevators, and operating rooms should be dedicated; patients should avoid buffers zones such as recovery rooms.

Prinsip:

- Selalu lakukan pemeriksaan PCR
- Pisahkan Area COVID-19
- Jalur Satu Arah
- Ruangan bertekanan Negatif

Grelat M, Pommer B, Portet S, Amelot A, Barrey C, Leroy H-A, Madkoury R. Patients with Coronavirus 19 (COVID-19) and Surgery : Guideline and Checklist Proposal. WORLD NEUROSURGERY 2020;139: E769-E773

Kesiapan Manajemen

- **Mitigasi**
- **Rumah Sakit / Fasilitas Layanan Kesehatan :**
  - Pilihan Layanan
  - Zonasi : → **Bangunan**
  - Syarat keamanan kerja
- **SDM :**
  - Kualifikasi & Jumlah kebutuhan SDM
  - Kepastian kesehatan pratugas
  - Dukungan penunjang Kesehatan : gizi, APD
  - Logistik & Akomodasi
  - Pemeriksaan Kesehatan berkala
  - Bantuan dan dukungan pada SDM (dan keluarga ?) jika sakit (dan wafat)

MENTERI KESEHATAN
REPUBLIK INDONESIA

SURAT EDARAN

HK.02.01/MENKES/69/2021

TENTANG

PELAYANAN KESEHATAN BAGI TENAGA KESEHATAN YANG TERKONFIRMASI *CORONA VIRUS DISEASE* 2019 (COVID-19) DI RUMAH SAKIT PENYELENGGARA PELAYANAN *CORONA VIRUS DISEASE* 2019 (COVID-19)

1. Memberikan prioritas perawatan bagi tenaga medis dan tenaga kesehatan lain yang masih aktif memberikan pelayanan kesehatan sampai yang bersangkutan terkonfirmasi COVID-19 baik di fasilitas pelayanan rawat jalan maupun pelayanan rawat inap sesuai dengan kebutuhan medis.
2. Kepala/Direktur rumah sakit yang menyelenggarakan pelayanan COVID-19 melaporkan setiap perawatan yang diberikan kepada tenaga medis dan tenaga kesehatan lain yang terkonfirmasi COVID-19 di fasilitas pelayanan kesehatannya kepada dinas kesehatan kabupaten/kota dan/atau satgas COVID-19 setempat.
3. Terhadap tenaga medis dan tenaga kesehatan lain yang terkonfirmasi COVID-19 dan melakukan isolasi mandiri agar dilakukan pemantauan dan/atau pemberian pelayanan kesehatan sesuai kebutuhan medis oleh dinas kesehatan daerah kabupaten/kota setempat dan fasilitas pelayanan kesehatan.

Ditetapkan di Jakarta
pada tanggal 25 Januari 2021

MENTERI KESEHATAN
REPUBLIK INDONESIA,

ttd.

BUDI G. SADIKIN

Terima Kasih

Ucapan TERIMA KASIH :

- DR.Dr.Kusmedi SpOT(K)
- Pengurus & Anggota IRSJAM
- DR.Dr.Adib Khumaedi SpOT(K)
- DR.Dr.Eka Ginanjar SpPD-KKV
- Dr.Kiki Harirahmawati Soetjahjo Msi,SpOk