

Implementation of Universal Precaution Policy on Class I Nurses in Hospital

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ABSTRACT

Universal precautions are strategies to protect health workers to prevent the transmission of infectious diseases in all health facilities. The latest data on HAIs in hospitals shows that the highest number of HAIs occurs in class I inpatient rooms at 3.8%. This study is qualitative, this study aims to explain the implementation of universal precautions for class I inpatient nurses in a hospital. The data collected is primary data obtained by means of in-depth interviews with informants using interview guidelines that have been arranged in such a way based on the variables to be studied. Informants consisted of nurses from hospitals including IPCN, class I inpatient nurses, IPCLN ICU rooms, and head of class I inpatient rooms. The results of this study were that all informants had understood the objectives of the universal precautions policy in hospitals but could not state in full the purpose of the policy. Human resources, funds, and facilities at the Hospital have met the need of implementing universal precautions policy. Communication between the implementing parties is good, but there are no sanctions or rewards. The available competencies are sufficient. Supervision in the implementation of this policy is carried out by the KPPI (Infection Prevention and Control Committee) and tiered supervision that has been running well. Class I inpatient nurses in hospitals have good cognition of universal precautions. KPPI Hospital needs to carry out an upgrade to refresh the cognition of officers related to the universal precautions policy. There needs to be a separate budget post for KPPI, as well as periodic awards for hospital employees

Keywords: HAIs; nurses of the class I inpatient room; universal precaution

INTRODUCTION

The incidence of HAIs (Healthcare Associated Infections) in Indonesia is 10 times greater when compared to the standard incidence of HAIs in hospitals that has been stipulated in Ministerial Decree of Health Republic Indonesia Number 129/Menkes/SK/II/2008. Implementation universal precaution aims to prevent the occurrence of HAIs and minimize the incidence of HAIs in hospital. Ministerial Regulation of Health Republic Indonesia Number 27 of 2017 concerning Guidelines for Prevention and Infection Control in Health Care Facilities explains that universal precaution is a protection strategy for health care workers to prevent the transmission of infectious diseases from patient to nurse, nurse to patient, and each other in hospitals. The implementation of universal precautions aims to prevent the occurrence of HAIs and minimize the incidence of HAIs in health facilities, in this case hospitals.

Incidence of HAIs in Indonesia, which was taken from ten Hospitals (Academic Medical Center) that conduct active surveillance of HAIs prevention, was found to be 6-16% with an average of 9.8% (Direktorat Jenderal Pelayanan Kesehatan, 2017). This shows that the incidence of HAIs in Indonesia is 6 times greater than the standard incidence of HAIs in hospitals

Universal precaution regulations in Indonesia are regulated in the 2010 Guidelines for the Implementation of Universal Precautions in Health Services by the Ministry of Health of the Republic of Indonesia, the Directorate General of Communicable Disease Eradication and Environmental Health. The guidelines explain three main principles of universal precaution procedures in health care facilities, including maintaining individual sanitation hygiene, room sanitation hygiene, and sterilization of care. These three principles are elaborate into five main activities for the universal precaution protocol, including hand washing, use of personal protective equipment, management of used medical devices, management of needles and sharp tools, as well as waste management and room sanitation.

Latest data on HAIs surveillance results in Hospital years 2020 states that the highest number of HAIs occurs in one space unit Class I hospitalization is 3.8% which is an increase when compared to with the previous two years, namely 2.8% in 2018 and 3.3% in 2019, while the standard incidence of HAIs in Indonesia is < 1.5%. Based on several research results, the high incidence of HAIs in inpatient rooms is caused by the lack of socialization or training provided by the hospital to nurses and the lack of guidance or cooperation from superiors to implementing nurses. The implementation of universal precaution is not limited to the knowledge and motivation of nurses but also involves other parties in the hospital to socialize and carry out supervision of policies regarding universal precaution protocols that have been set by the government and hospitals including hospitals. Hospital has made regulations in the form of policies and guidelines for universal precaution protocols that have referred to the Guidelines for Implementing Universal Precautions in Health Services 2010 including the Decree of the Director of Hospital Number 188.45/110/427.65/2016 concerning Service Policies for the Infection Prevention and Control Committee of Hospital which is supported by several technical guidelines including Hand Hygiene Guidelines, Guidelines for Use of Personal Protective Equipment, and Practice Guidelines for the Use of Sharps.

METHOD

This research is qualitative research conducted in Class I Hospital in January 2021. Informants in this study were selected using a purposive technique. Informants were selected based on their involvement and role in implementing universal precautions in hospitals. The informants were the head of the Infection Prevention and Control Committee (IPCC) at the Hospital as a key informant, twelve class 1 inpatient nurses as the main informant, and two additional informants including nurses in the ICU IPCLN and the room leader of the class I inpatient ward Hospital. The data collected is primary data obtained by means of in-depth interviews with informants using interview guidelines that have been arranged in such a way based on the variables to be studied. The conceptual framework used in this study is an elaboration of the model framework implementation of the Meter and Horn policy. While the focus of research in this study is other, policy goals and objectives, resources, internal communication organization, characteristics of implementing agencies, and implementing tendencies.

RESULT

The results showed that the goals and targets of implementing the universal precaution policy at the Hospital were listed in The Infection Prevention and Control Service Policy of the Hospital. Human resources, funds, and facilities at Hospital have fulfilled the need for implementing the universal precaution policy in the hospital. The communication between the implementation was also well established. However, there were no sanctions or rewards for employees. The available competencies were sufficient. However, there had never been any further upgrading for these competencies. The form of supervision in the implementation of this policy consisted of reporting, infection risk assessment/ICRA, auditing, monitoring, and evaluation. The implementors who played a role in supervision include supervision from the Infection Prevention and Control Committee (IPCC) which consisted of IPCN and IPCLN, as well as tiered supervision in accordance with the organizational structural hierarchy in the class I inpatient room. The nurses of the class I inpatient room of the Hospital had good cognition about universal precaution points that have been regulated in the Hospital's Infection Prevention and Control Service Policy and supported the implementation of the policy optimally.

Universal Precaution Policy Goals and Objectives in Hospital

Implementation goals of universal precautions is stated in the Director's Decree Hospital Number 188.45/110/427.65/2016 Regarding Service Policy Hospital Infection Prevention and Control Committee X or above known as the PPI Service Policy for Hospital. Universal goals the general precaution in the policy is to protect patients, visitors, and staff against infection transmission in hospitals. Hospital Infection Prevention and Control Committee Service Policy, which is supported by several technical guides, including the guide hand hygiene, guide to use of personal protective equipment, practice guide use of sharps, and some other guides. The IPCC Service Policy also underlies the implementation of Prevention and Infection Control. Furthermore, the specific objectives of the policy are mentioned. This is so that the implementation of Prevention and Infection control is well coordinated, it is necessary the establishment of an IPCC which reports directly to the Director and an infection prevention and control team that reports directly to the IPCC. IPCC consists of an IPCD (Infection Prevention and Control Doctor) and IPCN (Infection Prevention and Control Nurse) on duty Supervise all infection control prevention activities including nursing duties, IPSRS, Pharmacy, Nutrition, Administration, Emergency Room, and Laboratory. The Infection Prevention and Control Services

Policy also explains that IPCN is assisted by IPCLN (Infection Prevention and Control Link Nurse) and IPCLS (Infection Preventive and Control Link Staff) as daily implementers or liaisons in their respective units.

Universal Precaution Policy Resources Available at Hospital

Human resources at Hospital have implemented universal policies and maximum precautions for the parties responsible for implementing the PPI Service Policy for the Hospital, among others KPPI and the team of directors. The K3 RS is also one of the parties responsible for implementing this policy, only the organization. Instead, they stayed where they were according to the key informant. Based on the explanation key informants, the OSH team at Hospital is only a formality fulfillment of accreditation requirements. RS. Source of funds allocated to the RKA incorporated in the installation budget post-pharmacy and has met the need for universal policy implementation precautions. Likewise, the facilities have also met the need for implementation of a universal precaution policy but there is one piece of personal protective equipment in the form of footwear that does not meet the standard. According to Meter and Horn (in Jamaica, 2015: 19), the success of policy implementation is influenced by using resources, including human resources, costs, and time. Human resources are the most important resources that act as drivers and implementers of policies. According to Kathrin Connor (in Cornelis, 2017:12), human resources are part of the process of policymaking, planning, merging, and taking over that can have an agreement in finalizing a policy. Human resources are also the most difficult resources to imitate and can last a long time so that policies can run according to the expectations of policymakers (Nugroho in Cornelis, 2017:13).

Human resources as the most vital resource do not mean that other resources are not taken into account. Time resources also have an effect on supporting the success of policies when policyholders plan, implement and decide or take certain actions that influence or are influenced by policies. Likewise, the cost resources are needed as the main facilities that support the smooth financing of policies consisting of funds or other incentives.

Communication in Organizations

Communication within the organization, between IPCN, IPCLN, and IPCLS, as well as the heads room until the nurse implements the class I inpatient room at Hospital, has bound up with good. However, the activities of providing sanctions and rewards do not perform at Hospital. Meter and Horn (Jamaica, 2015) state that relationships within an organization consist of two main activities. The first activity is technical advice and assistance, that is, they often do things that can facilitate policy implementation, for example by helping interpret regulations and guidelines, structuring responses to their initiatives, as well as obtaining physical and technical resources that are needed and useful in implementing policies. The second important implementation activity is that superiors provide sanctions and rewards to subordinates related to their performance on policy implementation.

Policy Implementing Trends

The competence of nurses is sufficient. However, there has never been an upgrade, and learned more about this competency. The form of supervision consisting of reporting, infection risk assessment/ICRA, audit, monitoring, and evaluation as well as parties who play a role in overseeing policy implementation of universal precautions at the Hospital have been going well. All informants already have good cognition about the points universal precautions policy. Informants' responses to universal policies precaution have supported the implementation of the policy maximum. The attitude of acceptance or rejection of policy implementers is a form of the tendency that affects the success or failure of policy implementation (Winarno in Jamaica, 2015). According to Meter and Horn (Cornelis, 2017), how democratic, responsive, and enthusiastic the implementers are an important factor in policy implementation. The direction of the policy can be determined from the will of the implementers. Willingness to implement policies depends on one's own ability to understand and implement the policies that have been set and the responsibilities that have been given.

DISCUSSION

Policy according to Jamaica (2015) must have elements of pragmatism, i.e., every action taken must refer to the goal. Thus, a policy including a universal precaution policy does not except for the policy made by Hospital must have a destination. Meter and Horn (Jamaica, 2015) explain that the actions or implementation of policies carried out by government groups or private sector, or individuals are directed in such a way as to achieve objectives that have been endorsed in existing policies. Therefore, all the actions taken in the implementation of universal precautions have been based on the objectives stated in the Hospital Director's X Decree Number 188.45/110/427.65/2016 Regarding Committee Service Policy Hospital Infection Prevention and Control or better known as the PPI Service Policy for Hospital.

Officers (nurses, doctors, and other officers), patients, and visitors as targets for universal implementation precaution are in line with Permenkes Number 27 of 2017 concerning Guidelines Infection Prevention and Control in Health Care Facilities to be precise Article 1 paragraph (1). Visitors, patients, and staff are the targets of the hospital PPI also expressed in research conducted by Herman and Handayani (2016), Attoriq and Sodik (2018), and Habeahan (2020). Visitors' hospital according to the Minister of Health Regulation Number 44 of 2018 concerning the Implementation of Hospital Health Promotion is everyone who comes to visit the hospital for purposes related to health services or other interests. The patient in the regulation is described as a person who consults or treats his health problems to obtain the necessary health services either directly or indirectly not directly in the hospital. Hospital staff in the same Permenkes are all workers who work in hospitals, both health workers and non-health workers

Task difference between the PPI team and the OSH team, namely if the PPI targets include officers, visitors, and patients while the OSH team focuses on all employees. Based on the statement, the contacted party should be the employee work accidents are the OSH team, but so far, the parties who have been the first to receive a work accident report are the PPI team. It is better when compared to research by Olii et al. (2019) at Datoe Hospital Binangkag, Bolaang Mongondow Regency, which already has OSH facilities, but does not yet have a policy that regulates OSH in hospitals This is because the OSH team has not yet been formed.

Communication can run smoothly thanks to WAG (WhatsApp Group) so that all information from superiors and complaints from the implementing nurse on duty can be conveyed easily. Silvana and Darmawan (2018) explained that the development of communication technology affects the way we interact because telecommunications companies create a feature or application to make it easier to communicate with users the existence of social media including the group chat room feature in the WhatsApp application which is now better known as WAG (WhatsApp Group). The flexibility of communication that exists between implementers will certainly give a significant impact on the formation of effective coordination and cooperation good. This situation is in line with the opinion of Hardjana (Jamaica, 2015) that a well-formed communication system and flow of communication that runs smoothly, and honestly, and an attitude of mutual respect can form strong cooperation and cohesiveness within an organization. Clemmer (Jamaica, 2015) also stated that one of the indicators of the key to the health of an organization's culture is the organization's internal communication alone. One of the prospects for effective implementation is determined by communication that occurs within the organization related to established policies (Jamaica, 2015). Based on interviews with key informants, key informants, and additional informants it can be concluded that communication between IPCN, IPCLN, and IPCLS, as well as the head of the ward to the nurse implementing the inpatient room class I Hospital, has been well established. Coupled convenience provided by today's technology makes communication between implementers easier it is to communicate via WhatsApp Group. Each party understands the information chain and communication flow in accordance with its role in the implementation of universal precaution policies, both vertical and horizontal.

One form of supervision in the class I inpatient room of the Hospital is carried out with the concept of tiered supervision. According to (Wardanah, 2020), tiered supervision is supervision carried out at each phase of the implementation of work carried out by each leader based on the hierarchy in the applicable organizational structure. Supervision in the class I inpatient room of the Hospital also applies hierarchically. Both the main informant and additional informants revealed that the hierarchy started with the implementing nurse who was supervised by the head of duty, then the head of duty was supervised by the team leader, and the team leader was supervised by the room leader and IPCLN. Then the supervision continues at the IPCN or KPPI and the management who oversees the room leader of the class I inpatient ward of the Hospital. The role and leadership style of room leader is very influential on the performance of nurses, but this does not necessarily affect the implementation of universal precaution in hospitals, this is in line with what was written by (Putri et al, 2021) leadership style of the head of the room is an indispensable part of the performance of the implementing nurse. Thus, the parties who play a role in the supervision that applies in the class I inpatient ward of Hospital include supervision from KPPI which consists of IPCN and IPCLN, as well as tiered supervision that applies in accordance with the organizational structural hierarchy in the room. Cognition is how far the implementer understands a policy. Supervision of policy implementation is carried out through monitoring and evaluation. Any problems that arise in the application of universal precautions are resolved by the supervisor by discussing and finding solutions so that they do not recur in the future. This is in line with the results of research (Dewi et al, 2022) showed that most nurses perceive their leader or head nurse as using a compromising conflict management strategy. The implementer's understanding of the policy is very important, especially if there is a value system that influences his attitude so that there is a difference with the value system of policy makers, so that policy implementation will not run effectively (Hapsari, 2019). Cognition concerns a person's belief and understanding of an object through the sensing process to form information and beliefs about the object (Sormin, 2019). Based on the triangulation of techniques carried out by researchers through documentation studies and interviews, all elements of universal precaution points described by the main informants are in line with the policies that apply at the hospital. So, it can be concluded that the main

informants already have good cognition of universal precaution points that have been regulated in the PPI Service Policy for hospitals.

CONCLUSION

Informants understood the purpose of the universal precaution policy at the Hospital but most of the informants were unable to fully state the objectives of the universal precaution policy at the Hospital, namely patients, visitors, and staff of the Hospital; human resources, funds, and facilities have met the needs of the implementation of Hospital policies even though the OSH team did not carry out their duties, the funds were still included in the pharmacy installation budget post, and footwear PPE still used flip-flops and crocs shoes that did not meet the standards; communication within the organization has gone well and smoothly, but the activities of giving sanctions and rewards are not carried out at Hospital. The officer who supervises the class I inpatient room of the Hospital is the supervision of the KPPI which consists of IPCN and IPCLN, as well as tiered supervision that applies in accordance with the organizational structural hierarchy in the room.

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