SHORT ARTICLE

Implementation of National Health Protocols during the New Normal ERA of COVID-19 Pandemic in PEKKABATA Primary Health Centre, Polewali City, Indonesia

Itzar Chaidir Islam[1*], Muhammad Rifaldi[1], Sandi Putra Jaya[1], Mustakim Burhan[1], Jefri Usman[1], Yuni Susantri[1], Annisa Mutmainnah Arifuddin[1], Nur Eda[1], Rizka Amirullah[1], Aisyah Nurul Shafira[1], Resqi Anugrah Sultan[1], Cut Diana Fitria[1], Mutmainnah Irwan[1], Nur Fatriani[1], Chairiah Dachlan Saleh[2], Andi Agusnawati[2,3], Muhammad Suaib Nawawi[4]

[1]Indonesian Doctor Internship Program, Polewali Mandar, West Sulawesi, Indonesia, [2]Pekkabata Primary Health Center, Polewali Mandar, West Sulawesi, Indonesia, [3]Wonomulyo Hospital, Polewali Mandar, West Sulawesi, Indonesia. [4]Department of Health & Community Medicine, Polewali Mandar, West Sulawesi, Indonesia

ABSTRACT

Introduction: Coronavirus is an RNA virus that mainly affects the respiratory system in humans. The standard guidelines for preventing the virus transmission include frequent hand washing, wearing a mask, practising proper coughing and sneezing etiquette, and avoiding close contact with those coughing or sneezing. It is believed that implementing clean and healthy living behaviours in line with WHO recommendations and ensuring public compliance with appropriate health regulations can break the chain of COVID-19 transmission.
Purpose: This study aims to describe the implementation of national health protocols by the Polewali's citizens, especially in the Pekkabata Health Center area.
Method: This is an observational study that used a cross-sectional design. Interviews and monitoring were conducted at the Pekkabata Health Center from August to October 2020. The data gathering process included:

- Documenting respondents' entire medical record status and their history of adhering to health procedures like wearing masks.
- Routinely washing hands.
- Keeping a safe distance.

Results: The findings show that 52% of people always use masks, 46% sometimes use masks, and 2% never use masks. As many as 40% of people always wash their hands, and 60% wash their hands sometimes. In addition, 32% of people do physical distancing, 65% of people sometimes do physical distancing, and 3% never do physical distancing.
Conclusion: Health protocols were implemented under government recommendations during the early days of the new normal in Polewali, although the health promotion, prevention, and handling of COVID-19 still need to be improved to help reduce the number of COVID-19 transmissions.
Keywords: COVID-19, Health protocols, new normal era.
JMS: 2022; 25(3):49-55 DOI: https://doi.org/10.33883/jms.v25i3.1181

INTRODUCTION

Coronavirus is an RNA virus that mainly affects the respiratory system in humans.[1] Although six different coronaviruses are known to infect people, at least two of them can cause severe symptoms, specifically the Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) and the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) (MERS-CoV).[2]

At the end of 2019, the World Health Organization (WHO) reported a case of pneumonia with an unknown cause in Wuhan, Hubei Province, China. Over the previous two years, pneumonia cases with a high death rate have increased.[3] COVID-19 is transmitted from person to person by close contact and droplets. People who come into close contact with COVID-19 patients, especially those who care for them, are at the most risk of developing the disease.

Correspondence:
Itzar Chaidir Islam
Medical Faculty, Hasanuddin University
Email: itzarislam@gmail.com, Phone: +6285340201000,
Jl.Perintis Kemerdekaan km.10, Tamalanrea, 90245

Access this article online

Website: www.jmsskims.org

DOI: https://doi.org/10.33883/jms.v25i3.1181

How to cite this article: Islam IC, Rifaldi M, Shafira A, Amirullah R, Jaya S, Usman J, Arifuddin A, Irwan M, Burhan M, Susantri Y, Eda N, Sultan R, Fatriani N, Fitria C, Saleh C, Agusnawati A, Nawawi M. Implementation of National Health Protocols During The New Normal Era of COVID-19 Pandemic In Polewali City: A Descriptive Study. JMS 2022: 25 (3) 49-55

Received: 2022-03-23 Accepted: 2022-06-07

This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Regular hand washing, wearing a mask, following cough and sneezing etiquette, and avoiding close contact with those displaying symptoms of respiratory distress such as coughing and sneezing are all standard suggestions for preventing the transmission of illness. In addition, infection prevention and control should be implemented in health institutions, particularly emergency rooms.[4]

The Central and Regional Governments have used various forms of mass media to promote and prevent COVID-19 transmission in public areas. Implementing clean and healthy living behaviours according to WHO principles and general compliance with necessary health regulations are envisaged to break the COVID-19 transmission chain.[5] Unfortunately, a considerable increase in the number of cases in West Sulawesi suggests that COVID-19 has been transmitted locally, including in Polewali Mandar Regency.

This study aims to characterise community compliance with national health protocols to prevent the spread of COVID-19, particularly in the Pekkabata Health Centre work area in the Polewali Mandar Regency.

METHOD

Study design and participant

This study used a survey study design to conduct a descriptive investigation. This study was conducted at Pekkabata Primary Health Center from August to October 2020. During the study period, all patients and their families who were registered and treated at the Pekkabata Public Health Center, Polewali Mandar, were included in the study's target population. Therefore, we used a simple random sampling of patients and their families in seclusion or therapy at the Pekkabata Primary Health Center in Polewali Mandar from August to October 2020.

Data collection

The data gathering process included documenting respondents' entire medical record status and their history of adhering to health procedures such as wearing masks, washing hands, and maintaining physical distances. Furthermore, demographic and clinical data on patients were classified into different categories to describe their attitudes and behaviour toward implementing government-mandated standard health practices.

Operational definition and objective criteria

In this study, wearing masks is defined as the participant's behaviour of using a cloth mask and two or 3-ply masks (medical or non-medical) in their daily activity. Therefore, data interpretation is divided into Always (if the participants were wearing masks in carrying out daily activities outside the home for more than 5 hours a day for five days a week); Sometimes (if the participants use a mask in carrying out daily activities outside the home 1-5 hours a day for 1-4 days a week, inconsistently); and Never (if the participants were never using a mask in their daily activity).

Hand washing refers to washing hands regularly using soap according to WHO standards (6 steps) for 30-60 seconds. Data interpretation is divided into Always (if the participants wash their hands more than ten times a day in total); Sometimes (if the participants wash their hands 1-10 times a day); Never (if the participants never wash their hands or they washing hand without soap and more diminutive than the 30s).

Physical distancing is a biological human distance limitation carried out by maintaining a minimum distance of 6 feet or 1.8 meters. Data interpretation is divided into Always (if the participants maintain a minimum distance of 6 feet or 1.8 meters in all types of social interactions with other people outside their home); Sometimes (if the participants maintain a minimum distance of 6 feet or 1.8 meters only on certain activities); Never (if the participants didn't maintain a minimum distance of 6 feet or 1.8 meters on their actions).

Data analysis and interpretation

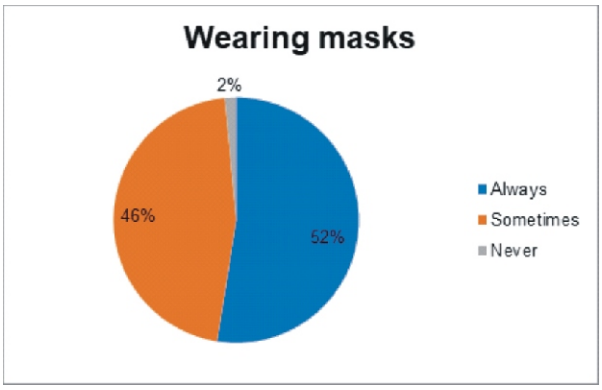
All data from the study will be summarised and then provided as a table with a narrative explanation. We use a circle graph to illustrate the number of participants in each defined group.

RESULTS

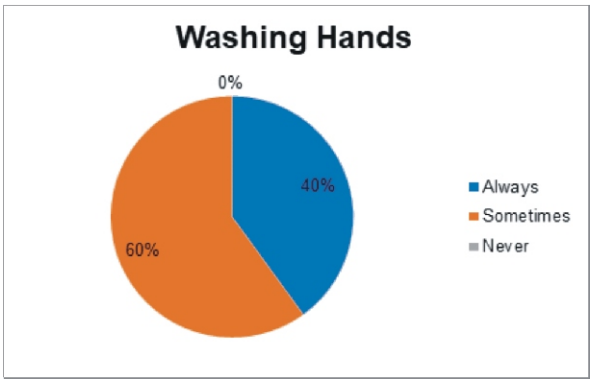
The data collection on implementing the COVID-19 prevention protocol in the community took place between August and September 2020 at the Pekkabata Public Health Center via questionnaires distributed to patients in the polyclinic's waiting room, with a total of 200 research respondents. In this study, the indications for measuring compliance with health procedures were separated into three categories: mask usage, hand washing, and keeping distance.

Table 1. Subject characteristics

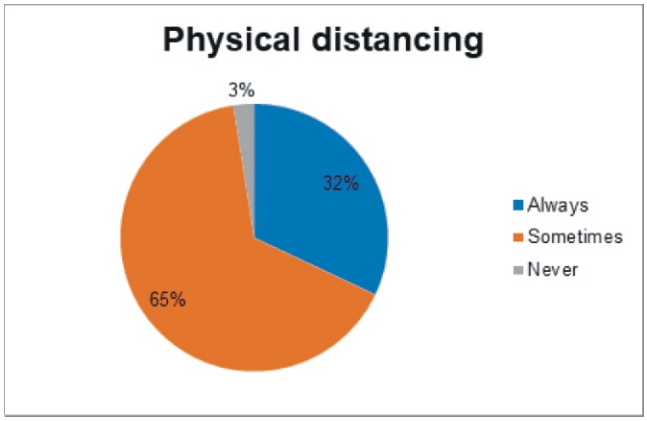
Characteristic	N	%
Age		
• ≤20 years	24	13.5
• 21-30 years	31	15.5
• 31-40 years	45	22.5
• 41-50 years	67	33.5
• >50 years	33	16.5
Gender		
• Male	74	37.0
• Female	126	63.0
Using Mask		
• Always	104	52.0
• Sometimes	92	46.0
• Never	4	2.0
Washing hand		
• Always	80	40.0
• Sometimes	120	60.0
• Never	0	0.0
Physical distancing		
• Always	64	32.0
• Sometimes	130	65.0
• Never	6	3.0



In the application of wearing masks from 200 respondents, there are 104 people who always use masks (52.0%), 92 people who sometimes use masks (46%), and only 4 people who have never used a mask at all (2% respondents).



The second indication is the habit of washing hands; out of 200 persons, only 80 wash their hands on a regular basis, accounting for up to 40% of the total respondents, and 120 do not wash their hands on a regular basis, accounting for up to 60% of the total respondents.



The third indicator is the use of physical distancing or keeping a distance. As many as 64 people consistently apply the principle of maintaining a distance, accounting for up to 32% of total respondents, 130 people occasionally keep their distance, accounting for up to 65 % of respondents, and six people who never practice the principle of maintaining a distance, accounting for up to 3% respondents.

DISCUSSION

Wearing mask

Masks are simple devices that offer excellent protection.[6] Because the virus predominantly affects the respiratory tract, including the nose, mouth, and lungs, it is highly infectious when individuals sneeze, cough, or share respiratory droplets.[7] This exchange is also facilitated when one engages in physical activity. While masks offer protection, they do not replace the necessity for physical separation.[8]

As a public health intervention, recommending that asymptomatic patients wear face masks can help break the chain of transmission by obstructing seemingly healthy sources of infection.[9] Around 25% of those infected with the novel coronavirus will exhibit no symptoms but continue to spread the virus.[8]

In this study, the results of the accumulation of research data were used to obtain some information about the application of masks in the community working area of the Pekkabata

Health Center. According to the data, out of 200 respondents, 105 people always use masks (52.5% of the total respondents), 92 people sometimes use masks (46.5% of the total respondents), and only three people never use masks at all (1.5% of the total respondents). It is impacted by the wide range of public attitudes, degrees of knowledge, and comprehension of the socialisation that has been provided that determines the extent to which these varied masks are worn. Others believe that wearing masks makes it harder to breathe or that they are a tool that interferes with their ability to communicate, particularly when they want to speak up or express themselves.

To limit the transmission of respiratory droplets created by coughing or sneezing, medical face masks are prescribed for patients experiencing symptoms.[10] In studies, medical masks as source control have limited the discharge of respiratory droplets containing respiratory viruses. It is suggested for reducing the transmission of TB and influenza, among other diseases.[11]

Face mask recommendations differ in each nation, while numerous studies have found that mask usage rose significantly after the local pandemic.[12] The general public's rising usage of face masks is worsening a global scarcity of face masks, resulting in skyrocketing costs and the possibility of supply limits for frontline healthcare providers.[13] As a result, several nations (such as Germany and South Korea) have prohibited the export of face masks to prioritise domestic demand. The World Health Organization has called for a 40% increase in protective gear manufacture, including face masks.[14]

Public recommendations and guidelines are the essential tools that should be available in managing risk in such situations. According to expert public health professionals, proactive announcements and transparency in this context are seen as an organisational responsibility and the most effective way to master media reports, public discourse, and customer relations associated with the event.[15]

Hand hygiene

Hands hygiene plays a critical role in the spread of viruses.[16] Cross transmission of these organisms happens when we do not adequately wash our hands which enhances our chances of spreading the virus to the face, eventually infecting the body.[17] The health care industry has extensive expertise with hand decontamination, which should serve as a foundation for hand decontamination among the general population.[18]

Coronavirus agents on hands can be eliminated by washing them thoroughly with soap and water for 30-60 seconds. (19) When people keep their hands clean, they reduce their risk of spreading the virus into other people's eyes, noses, or mouths or touching their faces. A systematic evaluation of handwashing and its association with the risk of respiratory infections is now underway. It has been demonstrated that hand cleanliness decreases disease risk by 16%. As a result, it is critical to wash your hands regularly and correctly to prevent the spread of COVID-19.[16]

The second variable in this study is the habit of washing hands; out of 200 individuals, only 80 people were constantly washing their hands (40% of total participants washed their hands more than ten times a day), then 120 people were sometimes washing their hands (60% of full participants washed their hand less than ten times a day). Hand washing and suitable hand hygiene measures have been suggested by the World Health Organization (WHO) and other vital authorities as one of the cheapest, easiest, and most effective strategies to prevent virus transmission. However, this is often still challenging for the community because not all areas give open water and soap facilities, and alcohol sanitisers are still tricky to access.

These findings are similar to a study by Glabska et al. (2020), who investigated hand hygiene behaviour in a Polish national high school youth sample during the COVID-19 pandemic. The hand hygiene behaviours assessed included: frequency of handwashing, reasons for not washing hands, circumstances of hand washing, and handwashing procedures.[20]

Hand hygiene is an essential step individuals can take to prevent or minimise the possibility of infection with the COVID-19 virus. However, it is necessary to ensure that the hand hygiene method is applied and used to minimise the risk of skin contact with the virus and colonisation. Our hands may contact surfaces contaminated with the COVID-19 virus in everyday life and thus become contaminated. Hence, the application of washing hands with soap is significant.[18]

Physical distancing

SARS-CoV-2 can spread through aerosols from respiratory

droplets, according to COVID-19 etiopathogenesis literature. Some investigations have discovered viral RNA in the air, but not others. Finding an RNA virus does not always mean it is reproducible and infectious (viable). The ideal person-to-person distance and the virus's infective distance are unknown. The community will continue to be the mainstay of COVID-19 prevention for the foreseeable future (until a safe and effective vaccine or treatment is produced). Thus, quantifying the physical distance is essential for ensuring secure patient engagement and treatment in healthcare and non-healthcare situations.[21]

A person with COVID-19 can pass it on to 2-3 people, which will continue until they move away from each other. A study by Prem (2020) identified that well-executed social distancing practices are expected to reduce 92% of outbreak cases by the end of 2020. This practice has worked in the past and now too, where Wuhan can even out the spread of the disease by following these practices. It is a no-cost method that entirely relies on individual behaviour patterns where most of them do not comply with the rules set in the country.[22]

Physical distancing also means staying indoors (except for having to go to work or buying groceries) to limit the spread of COVID-19. Physical distancing is a crucial method to help control the spread of disease, especially if there are no treatments and vaccines. While social distancing measures can protect public health, they can also impact the economy and indirectly affect the environment.[23]

The results of this study indicate that 64 people always practice the principle of physical distancing or maintaining a distance, accounting for 32 per cent of total respondents, 131 people who occasionally support a space, accounting for 62.5 per cent of total respondents, and five people who never practice the principle of social distancing, accounting for 2.5 per cent of total respondents.

In places with a high prevalence of COVID19, universal face masks in conjunction with physical separation are strongly advised since they can successfully lower infection rates (flatten the curve) and even prevent dissemination. The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) have regularly suggested a physical separation of 12 meters to avoid coronavirus transmission (SARSCoV2).[13]

A way of minimising encounters between persons living in a larger group when individuals have a predisposition to be infectious but have not been diagnosed and hence not isolated. Individuals should also be at least 6 feet (1.8 meters) apart. Due to the disease's tendency to spread via respiratory droplets, proximity between persons is essential. Thus, social separation will diminish transmission.[24]

Social distance is a way of reducing crowd contact and decreasing disease spread. The relevance of physical distance in today's world of social connection is routinely shown by utilising accessible technologies. Social distancing strategies allow people to keep a distance from each other to prevent disease spread.[22]

The government must unite widely agreed upon and follow general rules to establish pandemic prevention and containment methods. Depending on the population distribution, regional public health authorities such as primary health centres may need preventative strategies in their public health responsibilities. Also, frequent reviews of health protocol implementation are required to verify that the public continues to follow the preceding section's recommendations for handwashing, mask use, and distance.

CONCLUSION

The implementation of health protocols, such as hand washing, wearing masks, and maintaining a safe distance, was carried out consistently based on research in August-September 2020 at Polewali city. Moreover, it is necessary to conduct a further evaluation to reduce the number of COVID-19 transmissions; it is also essential to enhance the amount of introducing, preventing, and dealing with COVID-19 in the Polewali city region.

Acknowledgement

The authors would like to thanks the Ministry of Health of the Republic of Indonesia and the Government of Polewali Mandar Regency for the support provided in the preparation of this research.

Conflict of Interest: None

Funding: Nil

Written Informed Consent: Taken

REFERENCES

1. Helmy YA, Fawzy M, Elaswad A, Sobieh A, Kenney

SP, Shehata AA. The COVID-19 Pandemic: A Comprehensive Review of Taxonomy, Genetics, Epidemiology, Diagnosis, Treatment, and Control. J Clin Med. 2020;9(4):1225.

2. Harapan H, Itoh N, Yufika A, Winardi W, Keam S, Te H, et al. Coronavirus disease 2019 (COVID-19): A literature review. J Infect Public Health. 2020;13(5):66773.
3. CCSA. How COVID-19 is changing the world : a statistical perspective. Comm Coord Stat [Internet]. 2020;1--90. Available from: https://unstats.un.org/unsd/ccsa/%0Ahttps://unstats.un.org/unsd/ccsa/documents/covid19-report-ccsa.pdf
4. Clinical Excellence Commission. COVID-19 Infection Prevention and Control - Application of PPE during COVID-19 Version 2. 2020;(Version 2.3-August 2020). Available from: https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Documents/cec-quick-reference-guide.pdf
5. Labban L, Thallaj N, Labban A. Assessing the Level of Awareness and Knowledge of COVID 19 Pandemic among Syrians. iMedPub Journals [Internet]. 2020;12:28. Available from: www.imedpub.com
6. Commission A, Care H. COVID-19 and face masks. :12.
7. Ferner RE, Murray PI, Aronson JK. Spreading SARS-CoV-2 through ocular fluids. 2019;2:12.
8. Santos-Silva PR, Greve JMD, Pedrinelli A. During the coronavirus (Covid-19) pandemic, does wearing a mask improve or worsen physical performance? Rev Bras Med do Esporte. 2020;26(4):2814.
9. Garcia LP. Use of facemasks to limit COVID-19 transmission. Epidemiol e Serv saude Rev do Sist Unico Saude do Bras. 2020;29(2):e2020023.
10. Ronellenfitsch H, Katifori E. Face Masks Against COVID-19: An Evidence Review. 2017;arXiv:1707(Xx). Available from: http://arxiv.org/abs/1712.09707
11. ECDC. Using face masks in the community. Eur Cent Dis Prev Control. 2020;(April):16.
12. Qaseem A, Etxeandia-Ikobaltzeta I, Yost J, Miller MC, Abraham GM, Obley AJ, et al. Use of N95, Surgical, and Cloth Masks to Prevent COVID-19 in Health Care and Community Settings: Living Practice Points From the American College of Physicians (Version 1). Ann Intern Med. 2020;(Version 1).
13. MacIntyre CR, Wang Q. Physical distancing, face masks, and eye protection for prevention of COVID-19. Lancet [Internet]. 2020;395(10242):19501. Available from: http://dx.doi.org/10.1016/S0140-6736(20)31183-1
14. Feng S, Shen C, Xia N, Song W, Fan M, Cowling BJ. Rational use of face masks in the COVID-19 pandemic. Lancet Respir Med. 2020;8(5):4346.
15. Marasinghe KM. A systematic review investigating the effectiveness of face mask use in limiting the spread of COVID-19 among medically not diagnosed individuals: shedding light on current recommendations provided to individuals not medically diagnosed with COVID-19. 2020;122.
16. Sahiledengle B, Tekalegn Y, Takele A, Zenbaba D, Teferu Z. Hand Washing Compliance and COVID-19 : A Non-. 2020;02.
17. Alzyood M, Jackson D, Aveyard H, Brooke J. COVID-19 reinforces the importance of handwashing. J Clin Nurs. 2020;29(1516):27601.
18. Packham C, Services E. Hand hygiene for infection prevention against. :13.
19. Pittet D. WHO Guidelines on Hand Hygiene in Health Care : A Summary First Global Patient Safety Challenge Clean Care is Safer Care. World Heal Organ [Internet]. 2009;30(1):270. Available from: http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf
20. Głabska D, Skolmowska D, Guzek D. Choice Determinants of Secondary School Students : Nutrients. 2020;12(9):2640.
21. Chu DK, Akl EA, Duda S, Solo K, Yaacoub S, Schünemann HJ, et al. Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. Lancet. 2020;395(10242):197387.
22. Aslam F. COVID-19 and importance of social

distancing. J Crit Rev. 2020;7(8):11034.

23. Newbold SC, Finnoff D, Thunström L, Ashworth M, Shogren JF. Effects of Physical Distancing to Control COVID-19 on Public Health, the Economy, and the Environment. Environ Resour Econ [Internet]. 2020;76(4):70529. Available from: https://doi.org/10.1007/s10640-020-00440-1

24. Suppawittaya P, Yiemphat P, Yasri P. Effects of Social Distancing , Self-Quarantine and Self-Isolation during the COVID-19 Pandemic on People ' s Well -Being , and How to Cope with It. Int J Sci Healthc Res. 2020;5(June):1220.