

Basic Occupational Health Service Management in SJSN Era: Case Study at In-company Clinic PT X Indonesia

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Abstract: Background: This research composed on the primary thinking that implementation of the National Social Security System or SJSN in Indonesia had changed the provision of basic occupational health service (BOHS). In the middle of an occupational health service's problem in Indonesia, the process of health financing reform through SJSN had to stay on the track. With the in-company clinic of PT. X as a research locus, researcher studied the implementation of SJSN to the provision of basic occupational health service at big industries or big OHS Centre. Methodology: This research conducted with the qualitative method, primary data collected by in-depth interview to the informant from Office clinic PT. X and six selected informants from any field who linked to SJSN implementation on the provision of basic occupational health service. Data analytic conducted with reducing, displaying and the formulating of conclusion process. The results and conclusion: implementation of SJSN changed the provision of basic occupational health service from the point of view such as health program, financing, human resources, facilities, and supporting factor (management, information, regulation, and community empowerment). Government and BPJS as the operator of SJSN should arrange the applicative solution in order to the provision of occupational health service at office clinic stay in line with SJSN without the ignorance to occupational health and safety standard.

1 INTRODUCTION

The implementation of National Social Security System or *SJSN* (*Sistem Jaminan Sosial Nasional*) that operated by “Badan Pengelola Jaminan Sosial” or BPJS in January 2014 for BPJS Kesehatan and 1 July 2015 for BPJS Ketenagakerjaan, somewhat had influenced to the provision of health program in many fields, including on occupational health service. The shifting on beneficial aspects led to change in the company paid a premium. It is the consequence of the compulsory to the company to registered they workers at all of the social security programs according to Indonesia Law Number 24 of 2004. This condition impacted the escalating of workers wellness cost foremost to the company who previously implemented a partial social security program. At the side of human resources, it certainly that healthcare forces will serve more workers in primary care that led to the debriefing of sufficient occupational health competence. Meanwhile, at regulation aspects, several occupation health service

regulations have to in the same direction with the regulation of workers health security and social security.

According to Rantanen (2005) Basic Occupational Health Services (BOHS) are “an effort to provide access to occupational health service” that applied in the same direction as Alma Alta principles. BOHS intended to the underserved majority of workers of the world. The implementation of SJSN supported this aims of Alma Alta and basic function of BOHS that setting out Universal Health Coverage on 2019.

The employer of employee organizes the BOHS and provided by the public sector for the self-employed and the informal sector (Rantanen, 2005). This BOHS schematic was implemented in Indonesia. Two ministries provided Occupational Health Services for all workers in Indonesia i.e. Ministry of Labour (MOL) and Ministry of Health (MOH). MOL directs the employer of the employee. Meanwhile MOH directs public sector and informal sector on the implementation of BOHS. In practice,

there is some overlaps responsibility between MOL and MOH in fostering the BOHS. Implementation of SJSN will worsen this ambiguity.

Occupation Health Implementation Report 2013 from 26 provinces in Indonesia showed that about 3 million general disease cases and more than 4 hundred thousand health-related diseases cases at workers. This information looks like Iceberg Phenomenon, while many of non reported cases of diseases. Jamsostek working injuries claim data showed an increasing trend from 2010 to 2012. It is elevated respectively from Rp 358.45 bio, Rp 401.2 bio, to Rp 504 bio. This condition led to the high necessity of integrated BOHS with all disciplines, not merely health and labour field, but also financing and regulating.

In-company clinic PT X is a comprehensive BOHS in cement big industries in Indonesia. These OH services include prevention, curative, and promotion & development services with the multidisciplinary specialist team. From initial discussion with the clinic manager, implementation of SJSN influenced the financing of wellness cost that company had double burden costing i.e. costing for compulsory JKN insurance premium and costing for OH clinic operation.

National health security (JKN) and Working injuries security (JKK) as an inseparable part of SJSN influenced the provision BOHS in Indonesia. This research studied how the implementation of SJSN led to In-company clinic adjusted their OH service to their workers.

2 METHOD

This study arranged at In-company PT X, a leading foreign capital company in the cement industry. This company had operated health and safety management according to OHSAS and provide comprehensive basic occupational health services include promotion, preventive, curative, and rehabilitative program.

This research designed by a qualitative method with data primary collected by in-depth interview with selected informants from several institutions or stakeholders who linked with OHS for workers, such as an In-company clinic, BPJS Kesehatan, BPJS Ketenagakerjaan, Ministry of Labour, Occupational health physician association, and Workers association. Informants selected based on criterion and suitability, with purposive and snow-balling sampling method. Data was managed by Miles and Huberman method includes reducing, displaying,

and arranging a conclusion, supported by resources and theoretical triangulation.

The variables were managed by the theoretical framework of National Health System or SKN including subsystem of Financing, Human resources, Infrastructure, Supporting (People empowerment, Information management, and Regulation), and Health service program.

3 RESULTS

3.1 Health Service Program

PT X registered all of the workers in JKN program under *BPJS Kesehatan*, but in “zero utility” condition because the unexpected operating time of service from health provider of *BPJS Kesehatan*, meanwhile company kept using their existing medical facility and program. The informant said that this condition experienced by another company. Fundamentally, the management of In-company clinic welcomed to the implementation of SJSN, but the service quality especially operating time service has to improve. The loss of time due to waiting of health service at health provider is a disadvantage for the company (Informant-1).

Several companies in Indonesia suggested that incompanion with *BPJS Kesehatan* will decrease health service for the worker, i.e. the long queue of service and time lose of work (Informant-2). Not of all company objectionable to collaboration in health service with *BPJS Kesehatan* (Informant-5).

There is miss-coordination between *BPJS Kesehatan* and *BPJS Ketenagakerjaan* to provide the promotive and preventive program. *BPJS Kesehatan* provides this with the program for general members of JKN such as *Prolanis* (chronic disease program), early detection of cervical cancer, etc. *BPJS Ketenagakerjaan* provides for workers members of JKN such as safety riding training, SHE training, the intervention of folic acid to reduce iron deficiency anaemia. The follow up of this program may provide by the ministry of health. (Informant 1, 4, and 5).

BPJS Kesehatan provided health promoting carry forward PT Askes program that not yet based on occupational risk. BPJS Ketenagakerjaan carries forward PT Jamsostek program to provide health-promoting based on occupational health thereby medical check-up program confined to risk group over 40 years and selected to the company who obediently pay an insurance premium of working injuries security. This program did not continue

since JKN implemented by BPJS Kesehatan as an operator. BPJS Kesehatan had the reasoning that OHS is the responsibility of employers (Informant- 3 and 4).

OHS program needs to expanding with comprehensive and maturity manner in respect of SJSN. In a short time, this program will not cover all of the workers. For the first effort, it is necessary to imparting health awareness to the workers and increasing the quality of health services. (Informant-1 and 7)

3.2 Health Financing

PT X agreed that the health financing scheme for workers from JKN and this sound has beneficiary for the company. However, some aspects need to be considered. First BPJS Kesehatan should select the financed health service for workers because of the number of industrial sector in Indonesia. Second, the assessment of incentive premium of Working Injuries Securities by decreasing of work-related diseases or injury cases is not suitable and unfair, because for this time many companies had still concealed the cases (Informant-6). BPJS Ketenagakerjaan will reward premium work injury security incentive to the company who is decreasing work injury in the form of declining premium grade. The regulation that is administering this incentive had been drafted in the form of Presidential Regulation. Insurance premium that grouping by business will be changed by occupational risk (Informant-4).

In order to decrease work injury and work-related disease, the financing of OHS was expected to cover by BPJS Ketenagakerjaan with the selected mechanism as an additional beneficiary in Work Injury Security (JKK). For workers who had injuries, this financing program should accompany with JKK-RTW (JKK Ready to Work). Meanwhile for workers who had no injuries the finance allocated to the education program. These efforts in order to decrease work-related diseases and work injury claim or financing of BPJS Ketenagakerjaan, but not explicitly stipulated in existing OHS regulation (Informant-1, 2, and 3). There is some concern that plan of drafting a regulation that directing to deflecting OHS financing and security from employers to BPJS Kesehatan will be increasing security premium. (Informant-2)

3.3 Human Resources

All of the health forces at PT X had suitable competences and sufficient amount of human resources, therefore, there is no significant effect from the implementation of SJSN. *Hiperkes* certificate had embed to all of the health forces at OHS clinic PT X (Informant-1).

It is necessary to upgrade the competence of primary healthcare physicians with occupational health. This idea according to the condition that the curriculum of a medical school does not yet adopt occupational health disciplines, and the responsibility of primary health care physician including promotive and preventive care, not only curative care. Some aspects that should be considered is the upgrading of amount and competence of OH advisor physician (from Ministry of Labour) especially in determine of work-related diseases diagnose, and in-depth understanding by BPJS Kesehatan about occupational health (informant-1,2, and 4). Twelve functions of occupational health physician according to Ministry of Labour regulation No.03 of 1982 remain adapted at the in-company clinic (Informant-2).

3.4 Infrastructure

In-house clinic PT X did not accompany the clinic infrastructure with BPJS Kesehatan (as a health provider of JKN) because there is concern about the rejection of the selection of local health provider that closed to the residence if the workers had registered as a patient at the in-company clinic (Informant-6).

Some of the company have the perception that if the workers had registered as BPJS Kesehatan member, all of the cost to provide health service (promotive, preventive, curative, and rehabilitative) covering by JKN premium. This condition led to the decision that some company will close their clinic if registered their workers on the JKN Program. The consequence from this situation, there is an unnecessary position of company physician. To fix this problem, the association of occupational physician will set up the occupational health service form with the government (informant-1 and 2).

The decision to close in-company clinic would be said contradict with Indonesia Law No.01 of 1970 about Work Safety, and this led to impairment of occupational health service. Informant suggested the company clinic to accompany with BPJS Kesehatan. To alleviate the restriction to be health provider, BPJS Kesehatan provides tolerance time for the company to adapt their infrastructure with the

regulation (Informant-2 and 5). As we know that the requirements of clinic according to the ministry of health regulation are criterion for general health facility, not for specifically for occupational health (Informant-2).

According to the above situation, it needs to provide public; occupational health service facility includes the requirements. It is not sufficient for BPJS Ketenagakerjaan to arrange network provider that provision of occupational health service with Public Health Centre (Puskesmas) and Public occupational health centre (BKKM) only, it should be accompanied with the in-company clinic (Informant-1,2,3, and 4).

Others proposed OHS system if some in-company clinic determined to close are expansion of BKKM in many areas, separating the OHS program with BPJS Kesehatan at curative and company physician as OH consultant responsible to promotive and preventive, or arrange the special registration counter for workers at Puskesmas (Informant 1, 2, 3, and 4).

3.5 Supporting

PT X still adapted the Ministry of Labour regulation related to occupational health service and the working memorandum between employer and employee (PKB) as basic regulation in the provision of health service. The regulation from the ministry of health adapted incidentally if there is a program from the district health office or *Dinas Kesehatan*, such as immunization, surveillance, etc. For supporting the OHS program, the Workers Association has a significant role (Informant-6).

Indonesia government had drafted Presidential Regulation about occupational health and Health ministry regulation about Occupational Health Program Station (*Pos UKK*). On the other side, there is an effort from the government to harmonize the stakeholders of OHS in Indonesia (Informant-1). OHS information system should be improved to precisely access information about work injury and work-related disease. BPJS Ketenagakerjaan proposed the innovation to improve the quality of work-related disease data, i.e. reducing the step of the fulfilment of claim documents, and extending the access to informing work-related data not only by employers but also involving workers and physician. BPJS Ketenagakerjaan does not get a role in reporting and finding the data of work-related disease, but in setting the conclusion whether work-related disease or not. The restriction in collecting work-related disease data is the lack of basic data of

periodically health examination and pre-working health examination. (Informant-4)

4 DISCUSSION

The urgency of OH promoting and preventing in workplace stated by Healey and Walker (2009). The workplace is the ideal place to improve a worker's health. Commonly workers take more than 40 hours every week in the workplace and certainly getting a role as the activist of health workers promoting. Cost-benefit analysis of the outcomes of health program such as chronic disease preventing program show a significant financial result. In the beginning, the cost of health is promoting and preventing sound expensive, but it will make a high return if the program is intensively implementing.

There is no uniformity of occupational health promoting and preventing guidance in Indonesia. All Indonesian company refer to three regulation or guidance of OHS, i.e. Ministry of Labour regulation No.80 of 1982, Ministry of health decree No.1758 of 2003, and Office clinic guidance from the ministry of health. From this regulation, the researcher tries to create a brief to provide OH promoting and preventing, as shown in Table 1.

Security fund allocation for promoting and preventing program had suitable to SJSN principles, i.e. cooperation (*Gotong Royong*) and mandatory fund (*Dana Amanat*). Cooperation implemented by the big companies that capable to provide own OHS shall aid the small enterprise that incapable to manage OHS. Mandatory fund implemented by investing fund collected from BPJS members utilized to themselves health service. However, there is an Accountability principle, so, therefore, the security fund is not allocated to all promoting and preventing program. In other words, employers should take responsibility to fund the OHS at the workplace. How should this OHS financing collaboration undertake? According to Table 2, we recommend finance resources to provide promoting and preventing program at the company.

5 CONCLUSION

OHS provision at in-company clinic PT X after the implementing of SJSN not yet affect to the aspects of OH program, financing, human resources, infrastructure, and supporting matters. In-company clinic PT X had registered all of the workers to the

social security program, but particularly in health security (JKN) still in “no utilize” position. PT X had been waiting and assessing BPJS health service quality development in order to make the beneficiary for the company.

SJSN implementation would affect OH program particularly in OH promoting and preventing program, and OH financing that sourcing from BPJS premium. Focus to promoting and preventing program led to the recalculate the requirement of human resources and infrastructure. On the other side, it needs to improve supporting aspects such as information management, regulation, and people empowerment. From this study we recommend:

- a. Identifying the uniformity of promoting and preventing program at the in-company clinic based on existing regulation (as shown in Table 1)
- b. Identifying the alternative sources of OHS financing after SJSN implements (as shown in Table 2)

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REFERENCES

- Dewan Jaminan Sosial Nasional. (2014). *Ringkasan Peta Jalan Penyelenggaraan Jaminan Sosial Bidang Ketenagakerjaan 2014-2019*. Jakarta: DJSN.
- DITJEN Bina Kesehatan Masyarakat Depkes RI. (2007). *Pedoman Klinik di Tempat Kerja Perusahaan*. Jakarta: Depkes RI.
- Healey, B. J., and Walker, K. T. (2009). *Introduction to Occupational Health in Public Health Practice*. New Jersey: John Willey and Sons.
- Rantanen, J. (2005). *Basic Occupational Health Service – their Structure, Content, and Objectives*. SJWEH Supplements 2005 No.1
- Republik Indonesia. (1992). *Undang-Undang No.03 tahun 1992 tentang Jaminan Sosial Tenaga Kerja*
- Republik Indonesia. (2004). *Undang-Undang No.40 tahun 2004 tentang Sistem Jaminan Sosial Nasional*
- Republik Indonesia. (2009). *Undang-Undang No.36 tahun 2009 tentang Kesehatan*
- Republik Indonesia. (2011). *Undang-Undang No.24 tahun 2011 tentang Badan Pengelola Jaminan Sosial*
- Republik Indonesia. (2013). *Peraturan Pemerintah No.12 tahun 2013 tentang Jaminan Kesehatan*
- Republik Indonesia. (2012). *Peraturan Presiden Nomor 72 tahun 2012 tentang Sistem Kesehatan Nasional*
- Republik Indonesia. (2013). *Peraturan Menteri Kesehatan Nomor 71 tahun 2013 tentang Pelayanan Kesehatan pada Jaminan Kesehatan Nasional*
- Republik Indonesia (1980). *Peraturan Menteri Tenaga Kerja dan Transmigrasi Nomor 02/Men/1980 tentang Pemeriksaan Kesehatan Tenaga Kerja dalam Penyelenggaraan Keselamatan Kerja*
- Republik Indonesia (1980). *Peraturan Menteri Tenaga Kerja dan Transmigrasi Nomor 03/Men/1982 tentang Pelayanan Kesehatan Kerja*
- Republik Indonesia (2003). *Keputusan Menteri Kesehatan No.1758/SK/XII/2003 tentang Standar Pelayanan Kesehatan Kerja Dasar*
- Republik Indonesia. (2004). *Keputusan Menteri Kesehatan No.128/SK/II/2004 tentang Kebijakan Dasar Pusat Kesehatan Masyarakat*
- Republik Indonesia (2012). *Keputusan Menteri Tenaga Kerja dan Transmigrasi Nomor 609 tahun 2012 tentang Pedoman Penyelesaian Kasus Kecelakaan Kerja dan Penyakit Akibat Kerja*
- Republik Indonesia. (2008). *Keputusan Ditjen Bina Pengawas Ketenagakerjaan Kemenakertrans Nomor 22D tahun 2008 tentang Petunjuk Teknis Penyelenggaraan Pelayanan Kesehatan Kerja*

APPENDIX

Table 1: The Briefs of OH Promoting and Preventing based on Indonesia OHS Regulation

No.	Object	OH Promoting	OH Preventing
1	Workers	<ul style="list-style-type: none"> - Work adjust to workers fostering and controlling - Workers health education (ie: workplace personal hygiene) - Health consultation (i.e work psychology, family planning and others) - Workers counseling (i.e Operating procedure, occupation risk preventing, personal hygiene, protecting equipment, nutrition, etc) - Health promoting to reducing general disease, work-related disease, and work injury - Emergency training according to location, procedure, and production process - Sport and exercise 	<ul style="list-style-type: none"> - Health workers surveillance - Pre-working health exam - Periodically health exam - Back to work health exam - General health exam - Retirement or pre retirement health examination
2	Employer	<ul style="list-style-type: none"> - Employer counseling (i.e Operating procedure, occupation risk preventing, personal hygiene, protecting equipment, nutrition, etc) - Feedback for the regulation of OH - Health promoting to reducing general disease, work-related disease, and work injury - Risk informing and educating, also advising about risk preventing and controlling plan 	
3	Working process	<ul style="list-style-type: none"> - Identifying the type of jobs for inventing potential risk and hazard 	
4	Work-related disease and Work injury		<ul style="list-style-type: none"> - General disease and work-related disease preventing - Dominant general disease, Work-related disease, and Work injury surveillance - Work injury preventing
5	Occupational risk and hazard	Potential risk identification, assessment, evaluating, and controlling	<ul style="list-style-type: none"> - Health and safety risk assessment - Health & safety risk and hazard management and controlling - Work environment or workplace monitoring
6	Work environment	<ul style="list-style-type: none"> - Work environment fostering and controlling - Workplace planning and designing advice - Industrial sanitation consultation - Workplace potential risk identified and assessment - Healthy workplace, work process and work environment maintenance - Sanitary equipment fostering and controlling 	<ul style="list-style-type: none"> - Work environment improvement facilitating or recommending (i.e ventilation, liquid waste treatment, ergonomic improvement, etc) - Work environment hazard improvement (physic, chemist, biology, psychosocial, ergonomic) - Occupation Health surveillance, work environment monitoring, and biological monitoring)
7	Occupational or Working nutrition	Nutrition and workplace food management advising Good house-keeping practice Occupational nutrition improvement, diet balance & healthy food maintenance, and cafeteria hygiene	Inspection of water quality and hygienist food and or food handler
8	OH officer	<ul style="list-style-type: none"> - Emergency training based on location, working procedure, and production process 	
9	OH equipment	<ul style="list-style-type: none"> - OH equipment fostering and controlling - Required protecting equipment selecting advice 	<ul style="list-style-type: none"> - Protecting equipment sample procurement and application
10	OH Procedure	<ul style="list-style-type: none"> - OH planning orientation 	<ul style="list-style-type: none"> - Emergency response procedure and disaster management

Table 2: Recommendation of OHS Promoting and Preventing Activity at In-company Clinic include frequency, unit cost, and financing

No	Object	Promoting or Preventing Program	Frequent	Unit Cost for every	Source of Financing
1	Workers	<ul style="list-style-type: none"> - Working adjust to workers fostering and controlling - Workers health education (ie: workplace personal hygiene) - Health consultation (i.e work psychology, family planning and others) - Emergency training according to location, procedure, and production process - Workers counseling (i.e Operating procedure, occupation risk preventing, personal hygiene, protecting equipment, nutrition, etc) - Health promoting to reducing general disease, work-related disease, and work injury - Sport and exercise - Health workers surveillance - Pre-working health exam - Periodically health exam - Back to work health exam - General health exam - Retirement or pre retirement health examination 	<ul style="list-style-type: none"> - Every year - Every year - Every year (after periodically health exam.) - Every year - Based on required - Based on required - Every week - Based on required - Based on required - Every year - Based on required - Based on required - Based on required 	<ul style="list-style-type: none"> - In-company clinic - In-company clinic - Day - In-company clinic - Session - Session - Session - Session - Worker - Worker - Worker - Worker 	<ul style="list-style-type: none"> - BPJS Ketenagakerjaan - BPJS Ketenagakerjaan - Employers - BPJS Ketenagakerjaan - Employers - BPJS Ketenagakerjaan - Employers - Employers - Workers - Employers - Employers - Employers
2	Employers	<ul style="list-style-type: none"> - Employer counseling (i.e Operating procedure, occupation risk preventing, personal hygiene, protecting equipment, nutrition, etc) and Feedback for the regulation of OHS - Health promoting to reducing general disease, work-related disease, and work injury and Risk informing and educating, also advising about risk preventing and controlling plan 	<ul style="list-style-type: none"> - Every 2 years - Every 2 years 	<ul style="list-style-type: none"> Session for several company Session for several company 	<ul style="list-style-type: none"> BPJS Ketenagakerjaan BPJS Ketenagakerjaan
3	Working process	<ul style="list-style-type: none"> - Identifying the type of jobs for inventing potential risk and hazard 	<ul style="list-style-type: none"> - Every year 	<ul style="list-style-type: none"> - Company 	<ul style="list-style-type: none"> - BPJS Ketenagakerjaan
4	Work-related disease and work injury	<ul style="list-style-type: none"> - Predominant general disease, Work-related disease, and Work injury surveillance 	<ul style="list-style-type: none"> - Based on required 	<ul style="list-style-type: none"> - Case of disease 	<ul style="list-style-type: none"> - Employers
5	Occupational risk and hazard	<ul style="list-style-type: none"> - Potential risk identification, assessment, evaluating, and controlling - Health and safety risk assessment - Health & safety risk and hazard management and controlling - Work environment or workplace monitoring 	<ul style="list-style-type: none"> - Based on required - Based on required - Based on required - Based on required 	<ul style="list-style-type: none"> Case by case Case by case Case by case Case by case 	<ul style="list-style-type: none"> Employers Employers Employers Employers
6	Work environment	<ul style="list-style-type: none"> - Healthy workplace, work process and work environment maintenance and consultation - Industrial sanitation consultation - Workplace potential risk identified and assessment - Occupation Health surveillance, work environment monitoring, and biological monitoring) 	<ul style="list-style-type: none"> - Every year - Every year - Every year - Every year 	<ul style="list-style-type: none"> Company Company Company Company 	<ul style="list-style-type: none"> BPJS Ketenagakerjaan BPJS Ketenagakerjaan BPJS Ketenagakerjaan BPJS Ketenagakerjaan
7	Occupational nutrition and food	<ul style="list-style-type: none"> - Nutrition and workplace food management advising - Good house-keeping practice consultation - Inspection of water quality and hygienist food and or food handler 	<ul style="list-style-type: none"> - Every year - Every year - Every year 	<ul style="list-style-type: none"> - Company - Company - Company 	<ul style="list-style-type: none"> - Employers - Employers - Employers
8	OH Officer	<ul style="list-style-type: none"> - Emergency training based on location, working procedure, and production process - OH training 	<ul style="list-style-type: none"> - Every year - Every year 	<ul style="list-style-type: none"> - Officer - Officer 	<ul style="list-style-type: none"> - BPJS Ketenagakerjaan - BPJS Ketenagakerjaan
9	OH equipments	<ul style="list-style-type: none"> - OH equipment fostering and controlling - Required protecting equipment selecting advice 	<ul style="list-style-type: none"> - Once after BPJS registered - Once after BPJS registered 	<ul style="list-style-type: none"> Company Company 	<ul style="list-style-type: none"> - BPJS Ketenagakerjaan - BPJS Ketenagakerjaan
10	OH procedure	<ul style="list-style-type: none"> - OH planning orientation consultation 	<ul style="list-style-type: none"> - Once after BPJS registered 	<ul style="list-style-type: none"> - Company 	<ul style="list-style-type: none"> - BPJS Ketenagakerjaan