

Pandemic Corona (Covid-19) and Health Law Protection

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Abstract

Pandemic Corona (Covid-19), which struck all countries in the world, not only caused anxiety but also the number of victims that were not insignificant. This has caused the state to make efforts to manage health that is categorized as a disaster. Standards for health services also follow the rhythm of the victims that are not small every day. For this reason, it is necessary to examine whether the risk of spreading a pandemic in health is part of legal protection and whether a pandemic is part of disaster mitigation that receives legal protection. The linkage to health protection during the pandemic and law as the basis for policies to be able to implement health decisions and policies, which certainly requires effective and fast treatment.

Keywords: *Pandemic, Corona (Covid-19), disaster, health law.*

Introduction

At the beginning of 2020, which is usually the spirit of countries in starting the economic movement and various other development programs began, suddenly faced with the harsh reality of the emergence of malignant diseases that attack humans not only occur in one continent but simultaneously in all corners of the world.

It was reported from Wuhan that on December 29, 2019 in a hospital in Wuhan, Hubei Province, China the emergence of an acute pneumonia was unknown. The PRC government then informed WHO about the emergence of this disease after going through a verification process.

WHO describes the initial conditions¹: On 30 December 2019, three bronchoalveolar lavage samples

were collected from a patient with pneumonia of unknown etiology – a surveillance definition established following the SARS outbreak of 2002-2003—in Wuhan Jinyintan Hospital. Real-time PCR (RT-PCR) assays on these samples were positive for pan-Betacoronavirus. Using Illumina and nanopore sequencing, the whole genome sequences of the virus were acquired. Bioinformatic analyses indicated that the virus had features typical of the coronavirus family and belonged to the Betacoronavirus2B lineage. Alignment of the full-length genome sequence of the COVID-19 virus and other available genomes of Betacoronavirus showed the closest relationship was with the bat SARS-like coronavirus strain BatCovRaTG13, identity 96%.

The PRC National Health Commission said that:

On January 8, 2020 the pathogen from this incident could be identified as the 2019 coronavirus novel (nCoV-2019), and its gene structure was immediately sent to WHO.

Due to the serious condition, WHO then announced²: The second meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic of China, with exportations to other countries, took place on Thursday, 30 January 2020, from 13:30 to 18:35 Geneva time (CEST).

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WHO subsequently established a committee, the Public Health Emergency of International Concern (PHEIC) tasked for:³

The Committee's role is to give advice to the Director-General, also provides public health advice or suggests formal Temporary Recommendations as appropriate.

Then on 12 February 2020 the International Committee on Taxonomy of Viruses (ICTV) declared that nCoV-2019 became the official name of severe acute respiratory coronavirus 2 syndrome ((SARS-CoV-2), and on the same day WHO declared SARS-CoV- The 2 official names are corona virus disease 2019 (COVID-19).

With the outbreak of the disease which by WHO is categorized as a pandemic, lead the author to analyze whether the risk of pandemic spreading in the health becomes part of legal protection and whether the pandemic is part of disaster mitigation that gets legal protection.

Discussion

Scope of Pandemic: Definition of Pandemics in the Big Indonesian Dictionary (KBBI) means that it is widespread (about disease) in a region, continent or throughout the world. WHO defines this term as a new pathogen epidemic that spreads easily from person to person throughout the world. A pandemic is when it spreads in several countries or continents and usually affects large numbers of people. Global distribution.

In the current health conditions the world community is experiencing a period of concern with the corona virus pandemic issue. WHO also mentioned: WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. We have therefore made the assessment that COVID-19 can be characterized as a pandemic.⁴

Calling from WHO: Prevention, Preparedness, Public health, Political leadership, And most of all, people. We're in this together, to do the right things with calm and protect the citizens of the world. It's doable.⁵

For this reason, it is hoped that the need of collaborative not only from within the national of country but also unite movement from countries with strategic-

preventive-repressive in togetherness, where countries unite in fighting the pandemic. Especially for Indonesia the question arises whether the risk of a pandemic spreading is part of legal protection and whether pandemics have become part of disaster mitigation?

Health Regulations and Epidemic Measures: In Indonesia, indeed, several legal rules for health care have been regulated and more specifically regarding the pandemic contained in the following rules:

Law No. 4 of 1984 concerning Infectious Diseases: This is the legal basis for handling disease outbreaks⁶ that have been in force for decades. UU no. 4 of 1984 interpreted outbreaks of infectious diseases as an outbreak of an infectious disease in a society where the number of sufferers increased significantly more than was normal in certain times and regions and could cause havoc. This law not only regulates how to overcome it, but also regulates criminal sanctions for perpetrators of criminal acts. Threatened parties are those who prevent the prevention of communicable diseases.⁷

Government Regulation No. 40 of 1991 concerning Management of Communicable Diseases: This Government Regulation is the implementing regulation of Law No. 4 of 1984, which in essence regulates how prevention efforts⁸ are carried out. Valid from July 3, 1991, PP No. 40 of 1991 regulates what the central and regional governments must do if there is an infectious disease outbreak.⁹

Law No. 24 of 2007 concerning Disaster Management: In this Law alluded to non-natural disasters¹⁰ namely disasters caused by events or a series of non-natural events, among others in the form of technological failure, modernization failure, epidemic, and disease outbreaks. UU no. 24 of 2007 is more a regulation that regulates post-event, which is to overcome risks arising from a disaster. The spread of infectious diseases can be categorized as a non-natural disaster. Responsibility for disaster management basically rests with the government, central and regional. This law also regulates the rights and obligations of citizens, as well as the role of businesses.¹¹

Law No. 36 of 2009 concerning Health: Entered into force October 13, 2009, Law No. 36 of 2009 specifically regulates infectious diseases in one chapter (Chapter X). Activities that can be carried out are promotive, preventive, curative, and rehabilitative for affected individuals or communities.

Minister of Health Regulation No. 82 of 2014 concerning the Control of Communicable Diseases:

Is the implementing regulation of Law No. 36 of 2009 concerning Health. Diseases transmitted to humans based on Minister of Health Regulation can be caused by biological agents, including viruses, bacteria, fungi, and parasites.¹² Steps¹³ that can be done are reduction, elimination, and eradication.

Law Number 6 Year 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia 2018 Number 128, Supplement to the State Gazette of the Republic of Indonesia Number 6236): Public health emergencies¹⁴ themselves are extraordinary public health events marked by the spread of infectious diseases and/or events caused by nuclear radiation, biological pollution, chemical contamination, bioterrorism, and food that pose health hazards and potentially spread across regions or across countries.

Furthermore, Law 6/2018 mandates that the central government and regional governments are responsible for protecting public health from diseases and/or risk factors for public health that have the potential to cause health emergencies through the implementation of public outrage.¹⁵

Before determining public health emergencies, the central government first determines the types of diseases and risk factors that can cause public health emergencies. In this regulation it is stated that the central government determines and revokes public health emergencies.¹⁶

Government Regulation in Lieu of Law Number 1 Year 2020 Regarding State Financial Policy and Financial System Stability for Handling Corona Pandemic: Government Regulation in Lieu of Law (Perppu)¹⁷ concerning state financial policies and financial system stability.¹⁸

There is an additional budget for spending and financing the 2020 state budget for handling Covid-19, the total additional expenditure and financing for the 2020 state budget for handling Covid-19 is Rp405.1 trillion. With regard to the Transfer to Regional and Village Fund Policies, adjustments to Transfer allocations are made Regions and Village Funds include, among others.

1. Adjusting the allocation of Revenue Sharing Funds based on economic development and/or state revenue;
2. Adjusting the allocation of General Allocation Funds

per region based on certain criteria determined by the Minister

3. Finance;
4. Increase/decrease the allocation of Special Transfer Funds, transfer of allocations between Physical budget fields or adjustments to the use of Special Transfer Funds due to certain conditions that require an urgent budget; and/or
5. Adjusting the Village Fund budget ceiling.
6. In addition, there are arrangements regarding the prioritization of the use of the Village Fund, which can be used, among others, for direct cash assistance to the poor population in the village and activities to handle the 2019 Corona Virus Disease pandemic (covid-19).

Government Regulation Number 21 Year 2020 concerning Large-Scale Social Restrictions in the Context of Accelerating Handling of Corona Virus Disease 2019 (COVID-19):

The PP 21 of 2020 concerning Large-Scale Social Restrictions in the framework of Accelerating Handling of Corona Virus Disease (COVID-19)¹⁹ is certainly decided with much consideration according to the culture of the Indonesian state. Lockdown policy as applied in many countries, India for example causes chaos and surprising social problems. But the key to this is self-limitation and the movement of individual citizens to stay at home, limiting the frequency and number of mass gatherings to later conquer this pandemic coronavirus.

Presidential Decree No. 11 of 2020 concerning Determination of Corona Virus Disease 2019 (COVID-19) Public Health Emergency: Presidential Decree No. 11 of 2020 concerning Determination of Corona Virus Disease 2019 (COVID-19) Public Health Emergency is taken by considering²⁰

Article 4 paragraph (1) of the 1945 Constitution of the Republic of Indonesia; Law Number 6 of 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Number 128, Supplement to the State Gazette of the Republic of Indonesia Number 6236);

Government policy

The role of the government in terms of medic and non-medic:

1. Mass rapid test with large coverage of residents

suspected of being exposed to the Covid-19 corona virus. Rapid testing involves all parties, from government hospitals, SOEs, the TNI-Polri, to the private sector, research institutions and universities that can also be involved.

2. Providing availability of medical devices and stopping exports of medical devices. The government ensures the availability of medical devices to prevent the transmission of the Covid-19 corona virus, such as masks and hand sanitizers. One of the ways taken is to stop the export of masks, hand sanitizers, or other medical devices needed to prevent corona from being stopped for a while.
3. Food stock
Ensuring the availability of Indonesian food stock (logistical affairs agency (Bulog) for the community during the Covid-19 pandemic.
4. Work, study and worship policies from home
5. Involvement of religious leaders and appeals for not going home on Muslim Celebration Day (Eid Al-Fitr).

President Jokowi requested that religious institutions

and figures be involved in helping the government prevent the spread of the corona virus which caused Covid-19 disease.²¹

8. Incentives for medical personnel

The President instructed the Minister of Finance to formulate incentives for health workers who handle Covid-19 patients.

7. Incentives for small businesses

President Jokowi is aware that social distancing policies to avoid the spread of the Covid-19 corona virus can have an impact on the business world.

Therefore, Jokowi asked the Coordinating Minister for the Economy Airlangga Hartarto to formulate incentives for the business world, particularly micro, small and medium enterprises (MSMEs).

Strategies and mechanisms of the Ministry of Health of the

Republic of Indonesia: In dealing with the pandemic covid-19, it is necessary to study how the mechanism of health protection in Indonesia and its implementation strategy.

Document	Date	Keterangan
Tentang Coronavirus Coronavirus Disease (COVID-19)	March 2020	Ministry of Health
Circular letter of P2P director general Number: HK.02.02/II/753/2020 About the 3rd Revision Preparedness Guidelines for Novel Infection of Corona Virus (COVID-19)	March 16, 2020	P2P director general
Guidelines for the Prevention and Control of Coronavirus Disease (COVID-19)- Rev 4	March 27, 2020	Ministry of Health
Circular letter Number HK.02.01/MENKES/202/2020 concerning the Self-Isolation Protocol in Handling Coronavirus Disease (COVID-19)	March 16, 2020	Ministry of Health
Decree of the Indonesia Minister of Health Number KH.01.07/MENKES/169/2020 concerning the Designation of a Reference Hospital for Prevention of Certain Emerging Infection Diseases	March 10, 2020	Ministry of Health
Advice on the use of masks the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak	March 10, 2020	Ministry of Health
Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)	March 10, 2020	Ministry of Health
Decree of the Indonesia Minister of Health Number HK.01.07/MENKES/182/2020 about the Inspection Laboratory Network for Coronavirus Disease 2019 (COVID-19)	March 16, 2020	Ministry of Health
Decree of the Indonesia Minister of Health Number HK.02.01/MENKES/199/2020 about Handling Communication for Coronavirus Disease 2019 (COVID-19)	March 16, 2020	Ministry of Health
Decree of the Head of the National Disaster Management Agency Number 13.A Year 2020 concerning the Extension of the Status of Specific Emergency Disasters of the Corona Virus in Indonesia	March 16, 2020	Head of the National Disaster Management Agency
Circular of Head of Hajj Center Number: HJ.01.01/2/946/2020 about Spread Prevention Efforts Coronavirus Disease (COVID-19) To All Indonesian Hajj Pilgrims	March 18, 2020	Head of Hajj Center

Establishment of the Covid-19 Task Force by the Government of Indonesia:

In Indonesia, the response to disasters has been anticipated by forming ad hoc bodies such as:

1. The National Committee for Avian Flu Control and Pandemic Preparedness in Indonesia
2. BRR (Aceh-Nias Rehabilitation and Reconstruction Agency) after the 2004 Tsunami
3. Mitigation plans for example in DKI Jakarta Flood Disaster Mitigation Plan.

In its implementation, disaster management is generally included in the provisions of Law No. 24 of 2007 concerning Disaster Management with technical implementation through the National Disaster Management Agency in regulation No. 4 of 2008 concerning Guidelines for the Preparation of Disaster Management Plans, in the introduction stated that Indonesia's broad demographic and natural conditions tend to be affected by very high disasters and varying in types:

Indonesia, which consists of a group of islands, has a very high potential for disasters and also varies greatly in terms of types of disasters. These natural conditions and the diversity of population and culture in Indonesia create the risk of natural disasters, human-made disasters and complex emergencies, although on the other hand they are also rich in natural resources

The types of disasters that can arise are: In general, the risks of natural disasters include disasters caused by geological factors (earthquakes, tsunamis and volcanic eruptions), disasters caused by hydrometeorology (floods, landslides, drought, typhoon angin), disasters due to biological factors (outbreaks of human diseases, plant/livestock diseases, pests, pests plants) as well as technological failures (industrial accidents, transportation accidents, nuclear radiation, chemical pollution). Disasters caused by human activities are related to conflicts between people due to the struggle for limited resources, ideological, religious and political reasons. While complex emergencies are a combination of disaster situations in a conflict area.

In dealing with such disaster conditions, integrated and directed preparation is needed: The complexity of the disaster problem requires a careful arrangement or planning in its handling, so that it can

be carried out in a directed and integrated manner. The countermeasures that have been carried out so far have not been based on systematic and planned steps, so that overlapping often occurs and there are even important measures that are not addressed.

In the implementation of disaster management, so that each activity in each stage can run in a directed direction, then a specific plan is prepared at each stage of disaster management.

At the stage of a disaster in a situation where a disaster does not occur, a Disaster Management Plan (Disaster Management Plan) is prepared, which is a general and comprehensive plan that covers all stages/ areas of disaster work. Specifically for certain disaster prevention and mitigation efforts there are plans called mitigation plans,

At the stage of a disaster in a situation where there is a potential for disaster, a preparedness plan is prepared to deal with an emergency based on a single hazard scenario (single hazard) then a plan called a Contingency Plan is prepared.

When an Emergency Response is carried out an Operational Plan which is the operationalization/ activation of the Emergency Plan or Contingency Plan that has been prepared previously.

During the Recovery Stage, a Recovery Plan is prepared, which includes rehabilitation and reconstruction plans carried out in the aftermath of a disaster. Meanwhile, if a disaster has not yet occurred, then in anticipation of future disasters the preparation of instructions/guidelines for the post-disaster management mechanism will be carried out.

The pandemic disaster management policy that was declared as a non-natural disaster was then followed up with a special team namely the Task Force created because certain conditions had occurred with the presence of COVID-19 transmission in Indonesia, which needs to be anticipated. In order to accelerate the handling of COVID-19, quick, precise, focused, integrated, and synergic steps are needed between ministries/agencies and local governments.

The legal standing of this team is Presidential Decree (Keppres) No. 7 of 2020 concerning the Task Force for the Acceleration of Corona Virus Handling. The Task Force for the Acceleration of Handling

COVID-19 is under and is responsible to the president. The Head of the National Disaster Management Agency Lieutenant General Doni Monardo was appointed as the Chairperson.

In accordance with the provisions of the Presidential Decree, the Task Force also aims to accelerate the handling of the corona virus through synergy between ministries/institutions and local governments.

The contents of Presidential Decree (Keppres) No. 7 of 2020 contains the Coordinating Minister for Law and Legal Affairs and the Minister of Health designated as Deputy Director, Minister of Finance as secretary with a number of Ministries/Institutions as directors. However, this Presidential Decree was later amended by the presence of KEPPRES Presidential Decree (Keppres) No. 9 of 2020 with the following composition:

KEPPRES Number 7 Year 2020	KEPPRES Number 9 of 2020
<p>The steering committee consists of 27 elements which include: 19 ministers and institutional elements such as the Head of the National Intelligence Agency (BIN), the Head of BPOM, the Chief of Staff of the President, the Head of LKPP, the Commander of the TNI, the National Police Chief, the Head of the BPKP, and the Governor of Indonesia</p>	<p>Steering member becomes 33 elements: 33 ministers and institutional elements such as the Head of the National Intelligence Agency (BIN), the Head of BPOM, the Chief of Staff of the President, the Head of LKPP, the Commander of the TNI, the National Police Chief, the Head of the BPKP, and the Governor of Indonesia</p>

Preparation of hospital mechanisms: The Ministry of Health’s government regulations have indeed revised the guidelines for the prevention and control of the Corona or Covid-19 virus, including the addition of categories of asymptomatic people (OTG) categories. This term is certainly not many people know about it.

The term OTG is used to categorize those who are asymptomatic and who have a risk of contracting from people who are confirmed positive for Covid-19, but who have close contact.²⁰

“Close contact is someone who has physical contact or is in a room/visit, within a radius of 1 meter with PDP (Patient under Supervision) or Covid-19 confirmed case, within 2 days before a symptom case arises and up to 14 days after a symptom case arises, “wrote the Ministry of Health in the document.

During this time the public only knows a variety of medical terms that are used to categorize patient status, such as people in monitoring (ODP) and patients under surveillance (PDP).

The three criteria for someone who is potentially an OTG due to close contact, namely:²¹

Health workers, who inspect, treat, deliver and clean the room in the case treatment area (Corona) without using personal protective equipment (PPE) according to the standard.

People who are in the same room with the case within 2 days before the case symptoms arise and up to 14 days after the cases symptoms occur.

People traveling together (radius of 1 meter) with any type of conveyance/vehicle in the 2 days before the case of symptoms develops and up to 14 days after cases of symptoms appear.

In the Regulation of the Minister of Defense of the Republic of Indonesia Number 39 Year 2014 Regarding Disaster Management at the Hospital of the Ministry of Defense and the Indonesian National Army it is stated that:²¹

The implementation of Disaster Management is a series of efforts that include the establishment of disaster risk policies, prevention activities, emergency response, and rehabilitation.

It is also regulated in Article 1 point 10 regarding:

Hospital Disaster Management Plan is a planning activity from the Hospital to deal with disaster events, both planning for disasters that occur inside the Hospital (Internal Hospital Disaster Plan) and Hospital planning in dealing with disasters that occur outside the Hospital (External Hospital Disaster

All accredited hospitals in Indonesia must have a disaster management plan for a hospital or Hospital

Disaster Plan (HDP). However, because the value for HDP is only 20 percent and can pass without making plans, it is not uncommon for hospitals to only make documents and not socialize them to all staff. Furthermore, hospitals often do not make disaster threats a culture in hospitals.²⁰ Therefore, in the event of an internal disaster or the arrival of an external victim, or sending a team to the disaster area or experiencing a natural disaster, the hospital experiences difficulties in HDP application.²⁰

Said by Lucky Tjahjono²⁰: Health crises arising from disasters require coordinated handling from various parties both cross-program and cross-sectoral related in handling health crises in hospitals due to disasters. By integrating and coordinating the handling of the health crisis starting from the efforts of prevention, mitigation, preparedness, emergency response to the recovery of the health crisis in the Hospital due to the disaster by the various parties involved, it is expected that the impacts arising from the disaster can be minimized.

In addition, hospitals must be able to apply the concept of planned disaster management. Where hospitals should follow the procedure mentioned in Minister of Health Regulation 75 of 2019 on Health Crisis Management, the aim²⁰ is to provide guidance to Health Crisis Management actors at the regional and national levels, so that a coordinated, planned, integrated, and comprehensive health crisis management system is established to provide protection to the community from threats, risks and impacts of health problems.

Minister of Health Regulation No. 75 of 2019 concerning Health Crisis Management in it regulates the implementation of Health Crisis Management at each stage of the Health Crisis namely pre-crisis health, emergency response and post-crisis health. Health Crisis is an event or series of events that result in fatalities, injuries/illnesses, displacement, and/or the presence of potential hazards that have an impact on public health that requires quick responses beyond normal habits and inadequate health capacity.²¹

Disaster situations make vulnerable groups such as pregnant women, infants, children and the elderly vulnerable to disease. In these circumstances the risk and transmission of the disease increases. The hospital has a key role in handling health especially with pandemic conditions. WHO states:¹

Hospitals and other healthcare facilities play a critical role in national and local responses to emergencies, such as communicable disease epidemics

Hospital readiness is needed which leads to networking in the health sector¹: To ensure that the hospital is at all times in a state of preparedness to participate fully, efficiently and effectively in the coordinated health-sector response to an emergency, such as a communicable disease epidemic

In the global disaster by Covid-19, it was stated that²¹: By observing regional outbreaks in the context of Italy's case growth, we can start to model and anticipate both what the ultimate capacity to provide care will be and when that capacity will be exceeded.

That in handling cases, observation and planning are needed in dealing with the problem in our respective countries. The problem often faced by hospitals is that they already have SK COVID-19 task handling units and their duties and functions, but do not yet have an internal communication channel and an external communication channel. For example, the logistics sector is already included in the ICS and has a clear function assignment, but when there is a problem of lack of PPE, the logistics sector does not know where to coordinate, whether to directly ask external parties or through the internal commander first. This communication flow is important to be understood by the ICS team to facilitate systematic coordination between fields (internal) and outside the team (external). Thus all information needs and reporting activities can be met properly.

Management in handling a pandemic should be¹: To ensure that the hospital has established the mechanisms and procedures including those for more strategic all-hazards emergency risk assessment and specific epidemic event risk assessment, prevention, preparedness, response and recovery that are needed for overall coordination of the hospital's epidemic risk management activities.

In following management it will be able to take steps in handling more leverage. The concept of handling the COVID-19 pandemic is basically the same as the concept of disaster management. The difference is only in the basic principle of handling because of differences in the nature of the causative agent. It is time for the hospital to activate ICS which has been formed to handle the COVID-19 pandemic. ICS that is formed can be said to be running if it has fulfilled 3 functions, namely

what doing what (division of tasks), communication (communication channel), and what if (backup plan).

Wang CJ stated²¹: Taiwan have been successful at combating the virus through aggressive testing and containment measures. South Korea, while initially inundated with patients from a rapidly spreading cluster, has successfully mitigated spread (at least temporarily) with minimal associated mortality. These examples provide encouragement that a well-executed public health response can minimize the potential for operational crises. The common themes in success have been massive testing, adaptive policy recommendations for different regions, and communication by public officials that is constant, transparent, and honest. The public needs to trust public officials and see the good and bad news every day.

Joseph J. Cavallo emphasize that: Actions taken now by society and health care systems will determine whether history regards 2020 as a great public health achievement or an epic failure of our public health and health care infrastructure.

Eric Toner²²: Because it will take considerable time to fully understand the epidemiology of COVID-19, it is reasonable to begin preparations using a model we have studied extensively for decades and that seems similar to COVID-19—pandemic influenza. The threat of a novel influenza pandemic has stimulated international, national, and local planning and preparedness efforts for years. In the event of a 1918-scale flu pandemic, hospitals would be flooded with sick patients seeking care.

Conclusion

In the study of data relating to regulations and policies on health and regarding outbreaks of disease (pandemic) there are legal instruments and their applications.

In the real risk of pandemic spread if legal interpretation is used and also see the legal regulation has become part of the legal protection itself and applies everywhere. As a country that upholds the welfare state, Indonesia in particular is inseparable from the protective ties to its people. By the way the law has stated that *Salus populi suprema lex*, which means that people's salvation is the highest law, then in a legitimate manner, society must be saved. In the study of normative-positive legal rules, there are many rules that regulate and mention disaster mitigation. Even though in the regulations

and legal basis, it is not specifically mentioned for its type but has been included in the general classification that disasters include non-natural disasters that include plague and/or pandemic. Concerning the issue of pandemics being part of disaster mitigation has been decomposed from the highest regulations to the implementing regulations, which contain definitions to the operational and technical implementation. Indonesia has also included these rules in existing health policies (health stakeholders including hospitals as the spearhead of medicinal treatment). We realize this condition is not perfect, there are still shortcomings, especially for hospitals that must include later in the Hospital Emergency Management Plan During the COVID-19 Epidemic, for pandemic outbreaks other than dengue fever and malaria. Cross-sectorial cooperation in a pandemic will be very helpful and provide hope that the storm from this pandemic will end soon.

Ethical Clearance: No ethical approval is needed.

Source of Funding: Self

Conflict of Interest: Nil

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