

## Comprehensive Analysis of Osh Implementation in Community Health Center Based on Permenkes No. 52 of 2018 in Supporting Accreditation Achievement (A Case Study of Padangsari Community Health Center)

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Article Information	Abstract
E-ISSN : 3026-6874 Vol: 2 No : 12 December 2024 Pages : 172-180	Health workers are 1.5 times higher risk of work accidents compared to other professions, with 90% of incidents occurring in developing countries. WHO noted that 3 million out of 35 million health workers are exposed to blood pathogens, increasing the risk of HIV (0.4%), HBV (27-37%), and HCV (3-10%). One of Health center accreditation purpose is to makesure safety to both health workers and patient. In 2023, out of 37 health centers in Semarang, 36 health centers (97.3%) achieved "Plenary" accreditation and 1 Health Center (2.7%) achieved "Main" accreditation. The purpous of this study are to To determine the current OSH practice and determine OSH aspect that needs improvement based on Health Ministry Regulation No.52 of 2018. qualitative methods with a case study design. Occupational Safety and Health (OSH) management at Padangsari Health Center was evaluated based on 92 indicators from three main aspects. In the OHS management criteria, 14 out of 23 indicators (60.9%) have been met. For OSH standards, 45 out of 61 indicators (73.8%) have been met. Meanwhile, 8 indicators related to OSH training, reporting, and recording have all been met. Although Padangsari Health Center has achieved "Main" accreditation with an achievement of 72.8%, further efforts are still needed to meet at least 80% of the assessment indicators in order to obtain the highest accreditation, namely "Plenary". It is recommended to improve indicators, especially in improving OHS planning, strengthening supervision, ensuring staff compliance with SOPs, and evaluating the effectiveness of OSH implementation in the future.
<b>Keywords:</b> Community Health Center Occupational Safety and Health Aspect Health Facility Management	

### Abstrak

Tenaga kesehatan memiliki risiko kecelakaan kerja 1,5 kali lebih tinggi dibandingkan dengan profesi lain, dengan 90% kejadian terjadi di negara berkembang. WHO mencatat bahwa 3 juta dari 35 juta tenaga kesehatan terpapar patogen darah, meningkatkan risiko HIV (0,4%), HBV (27-37%), dan HCV (3-10%). Salah satu tujuan akreditasi Puskesmas adalah untuk menjamin keselamatan baik bagi tenaga kesehatan maupun pasien. Pada tahun 2023, dari 37 Puskesmas di Kota Semarang, sebanyak 36 Puskesmas (97,3%) memperoleh akreditasi "Pleno" dan 1 Puskesmas (2,7%) memperoleh akreditasi "Utama". Tujuan penelitian ini adalah untuk mengetahui praktik K3 saat ini dan menentukan aspek K3 yang perlu ditingkatkan berdasarkan Peraturan Menteri Kesehatan No.52 Tahun 2018. Metode kualitatif dengan desain studi kasus. Manajemen Keselamatan dan Kesehatan Kerja (K3) di Puskesmas Padangsari dievaluasi berdasarkan 92 indikator dari tiga aspek utama. Pada kriteria manajemen K3, 14 dari 23 indikator (60,9%) telah terpenuhi. Untuk standar K3, 45 dari 61 indikator (73,8%) telah terpenuhi. Sementara itu, 8 indikator yang terkait dengan pelatihan, pelaporan, dan pencatatan K3 semuanya telah terpenuhi. Meskipun Puskesmas Padangsari telah meraih akreditasi "Utama" dengan capaian sebesar 72,8%, namun masih diperlukan upaya lebih lanjut untuk memenuhi minimal 80% indikator penilaian agar memperoleh akreditasi tertinggi yaitu "Pleno". Disarankan untuk melakukan perbaikan indikator terutama pada peningkatan perencanaan K3, penguatan pengawasan, jaminan kepatuhan staf terhadap SOP, dan evaluasi efektivitas penerapan K3 di masa mendatang.

**Kata Kunci:** Puskesmas, Aspek Kesehatan dan Keselamatan Kerja, Manajemen Fasilitas Kesehatan

## INTRODUCTION

Community Health Centers or commonly known as Puskesmas among the society are primary healthcare facilities that optimize public and individual health services within their regions (Dinata, 2018). According to Health Minister Regulation No. 43 of 2019, Community Health Centers also help increase public health awareness (promotive), encourage disease prevention (prevention), and play a role in monitoring and reporting local health data within the scope of their work area. As 2024, in Indonesia there are at least 10,292 active Community Health Center units, with 4,177 of them providing inpatient services according to Central Bureau of Statistics/BPS (Kemenkes RI, 2024).

Community Health Center face significant health and safety risks affecting healthcare workers, patients, and visitors. The WHO reports that of 35 million health workers, 3 million are exposed to bloodborne pathogens annually, making health workers 1.5 times more likely to experience workplace accidents than other workers. Needle stick injuries account for 38-73% of such incidents, with 90% occurring in developing countries, including Indonesia. During the COVID-19 pandemic, 1,891 health workers died around 2019-2021 (Achmad, 2022; WHO, 2014).

To mitigate these risks, Community Health Centers must implement Occupational Safety and Health (OSH) standards. The International Labor Organization (ILO) defines OSH as strategies to improve workers' physical, mental, and social health (ILO, 2022; Susilawati, 2021). Research by Morgan Lay (2017) shows that inadequate OSH management increases accident risks among healthcare workers, underscoring the need for effective OSH practices to improve service quality and patient safety (Lay *et al.*, 2017). Similarly, R. Loeppke (2017) highlights that optimizing OSH mitigation significantly enhances service quality and patient safety. Active and efficient OSH management in Community Health Centers is essential (Loeppke *et al.*, 2017).

Puskesmas accreditation, regulated by Health Ministry Regulation No. 34 of 2022, ensures healthcare standards are met (Nada *et al.*, 2020). Accreditation occurs every three years and focuses on patient and worker safety. In 2022, 89.69% of Puskesmas achieved accreditation, with 55% classified as Intermediate, 24% as Basic, 18% as Main, and 3% as Plenary. In Central Java, 99.32% of Puskesmas were accredited, while in Semarang, 97.3% of centers achieved Plenary status (Dinkes Kota Semarang, 2022).

The Padangsari Community Health Center, established in 1979, is located in Padangsari Village, Banyumanik District, Semarang City. Its service area covers 7.11 km<sup>2</sup>, bordered by Sumurboto to the north, Gedawang to the south, Kramas to the east, and Srandol Wetan to the west. As of 2023, the center serves a population of 28,880, with 50.74% male and 49.26% female residents. In 2023, the center achieved "Primary" accreditation and provides a range of services, including general examinations, dental care, maternal and child health, immunizations, and health promotion.

Padangsari Community Health Center has implemented several OSH measures, including fire extinguishers, evacuation paths, waste segregation, and ventilation systems. However, challenges remain, including the absence of a dedicated OSH division, inadequate facility maintenance, limited fire safety measures, and infrequent OSH training.

This study analyzes OSH compliance at Padangsari Health Center based on Health Minister Regulation No. 53 of 2018. The findings aim to improve service quality, enhance safety for workers and patients, and support future accreditation efforts.

## METHODS

This research uses a qualitative research methods with case study design to investigate, describe, and explain a phenomenon in-depth within a limited scope. The approach aims to understand how the research subject operates in natural conditions. Primary data in this research comes directly from informants selected through purposive sampling, there are 4 informants in this research Occupational

safety and health manager, health facility management manager, clean and healthy living behavior manager, and medical equipment management manager. The four informants are women aged between 29 and 51 years, with an average education level of a diploma (D3) and bachelor's degree (S1). Their length of service at the Padang Sari Health Center varies, ranging from 2 years to 27 years. Secondary data, on the other hand, consists of existing records and documents from Padang Sari CHC, such as the Puskesmas profile, organizational structure, policies, and supporting documentation.

## RESULT AND DISCUSSION

The aspects of OSH management for healthcare facilities are outlined in the Regulation of the Minister of Health of the Republic of Indonesia No. 52 of 2018. These aspects consist of specific criteria and corresponding assessment indicators used to evaluate the implementation of OSH practices.

- Aspect: A broad category related to OSH management in healthcare facilities, which serves as the foundation for establishing safety practices.
- Criteria: Specific requirements within each aspect that outline what must be achieved to ensure effective OSH implementation.
- Assessment Indicators: Measurable elements that help evaluate whether the criteria are being effectively implemented.

There are 4 main aspect mentioned in Health Ministry Regulation No. 18 of 2018: OSH management (4 indicator; 23 indicators); implementation of OSH standards (10 indicator; 58 indicators); as well as OSH training, reporting and recording (1 indicator; 8 indicators).

### Occupational Health and Safety Management

OSH management in healthcare facilities involves implementing policies and procedures to protect workers, patients, and visitors from health hazards and work-related risks. It focuses on safety protocols, training, risk assessments, and proper use of protective equipment to ensure a safe environment and improve service quality.

Table 1: OSH management criteria observation result

Criteria	Total Indicator	Implementation		
		Not Fulfilled	Partially Fulfilled	Fulfilled
(1)	(2)	(3)	(4)	(5)
Policy establishment of occupational safety and health in healthcare facilities	7	-	3 (43%)	4 (57%)
Occupational safety and health planning in healthcare facilities	2	1 (50%)	1 (50%)	-
Monitoring and evaluating of occupational safety and health performance in healthcare facilities	6	1 (17%)	2 (33%)	3 (50%)

Reviewing and improving occupational safety and health in healthcare facilities	8	1 (12,5%)	1 (12,5%)	6 (75%)
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### 1. Occupational Safety and Health Management

The Padang Sari Community Health Center has established a written OSH policy signed by the head of the facility and communicated to staff. 4 out of seven indicators (57%) are fulfilled, while 3 (43%) are partially fulfilled. The strengths include the appointment of a competent OSH officer, regular communication with division heads regarding risks, and budget allocation for OSH infrastructure and training. However, routine risk mapping and systematic monitoring are lacking, as activities mainly occur before accreditation. The absence of a checklist also hampers effective monitoring, reducing the safety climate. Research by Patrick Kinyanjui (2019) indicates that the primary barriers to OSH implementation in healthcare facilities include a lack of management commitment and worker participation, reflected in insufficient financing and the absence of OSH discussions during routine inspections (Kinyanjui Njogu *et al.*, 2019).

### 2. OSH Planning

OSH planning at Padang Sari community health center shows gaps, with hazard mapping not performed and OSH activity planning only partially fulfilled. Current programs are limited to disaster simulations, lacking diversity and consistency. Effective OSH planning requires identifying hazards and implementing comprehensive risk management strategies to ensure safety and compliance with regulations. This aligns with Biswajeevan's (2023) research, which highlights the importance of hazard identification and thorough OSH programs to manage risks such as infectious diseases and physical hazards. A strong OSH plan promotes safety culture, crisis readiness, and overall workplace safety (Sahoo *et al.*, 2024).

### 3. Monitoring and Evaluating OSH Performance

Padang Sari community health center fulfills 50% of the OSH performance indicators, with 33% partially fulfilled and 17% not fulfilled. Recording and reporting are carried out during OSH-related programs, but monitoring is irregular, occurring mainly before accreditation. The absence of a checklist leads to unfocused supervision, and evaluations are limited to accident reports, neglecting other key indicators. Militia (2023) highlights the role of walk-through surveys in identifying risks and preventing accidents, which improves safety climates and reduces incidents (Dolontelide *et al.*, 2023).

### 4. Reviewing and Improving OSH

Padang Sari community health center fulfilled 75% of the indicators for reviewing and improving OSH, meanwhile 12,5% not are partially fulfilled, and 12,5% are not fulfilled. There is strong management commitment reflected in budget allocation, personnel certification, and safety infrastructure improvements. However, training for all staff is inconsistent, and a systematic OSH work plan is lacking. Training activities are limited to fire drills and disaster simulations, primarily conducted before accreditation. Research by Christy and Rina (2024) underscores the importance of a strong safety culture supported by committed leadership and motivated staff (Manalu & Anindita, 2024). Moreover, Ruwanto (2023) found that inconsistent OSH training affects staff behavior, leading to unsafe practices (Ruwanto *et al.*, 2023).

## Occupational Safety and Health Standards

Occupational safety and health standards in healthcare facilities focus on ensuring the safety and well-being of healthcare workers, patients, and visitors by minimizing workplace hazards. These standards address issues such as infection control, proper handling of hazardous materials (such as chemicals and medications), ergonomics, and the use of personal protective equipment (PPE). They also include guidelines for preventing workplace violence, managing patient handling and lifting tasks to avoid musculoskeletal injuries, and ensuring appropriate training for emergency situations. By implementing these standards, healthcare facilities aim to create a safe working environment and improve the overall quality of care.

Table 2: OSH standard criteria observation result

Criteria	Total Indicator	Implementation		
		Not Fulfilled	Partially Fulfilled	Fulfilled
(1)	(2)	(3)	(4)	(5)
Recognition of potential hazard and control of osh	3	1 (33,3%)	-	2 (66,7%)
Implementation of standard precautions	3	-	-	3 (100%)
Application of ergonomic principle	4	1 (25%)	1 (25%)	2 (50%)
Regular health checkup dan immunization	2	-	-	2 (100%)
Cultivating clean and healthy living behavior in health service facilities	7	-	-	7(100%)
Management of facilities and infrastructure from the aspect of osh	15	-	6 (40%)	9 (60%)
Management of medical equipment from the aspect of osh	6	1 (16,7%)	-	5 (83,3%)
Preparedness of emergency conditions or disasters, including fire	8	-	6 (75%)	2 (25%)
Management of hazardous and toxic material and waste	8	-	-	8 (100%)
Domestic waste management	5	-	-	5 (100%)

### 1. Recognition of Potential Hazards

Hazard identification involves recognizing workplace risks before they cause harm. According to Minister of Health Regulation No. 52 of 2018, Padangsari Community Health Center fulfilled 66.7% of the assessment indicators. While they implement risk controls such as evacuation routes, fire drills, and PPE provisions, detailed risk mapping is still lacking, impacting effective hazard prioritization and control. If risk assessment and control cannot be carried out well if identification is not carried out well (Mishra *et al.*, 2019).

## 2. Implementation of Standard Precautions

Padangsari Health Center meets 100% of indicators for standard precautions. PPE is provided according to each department's needs (e.g., masks, gloves, goggles). Sterilization procedures are well-regulated with appropriate facilities, ensuring infection control and safety compliance.

## 3. Application of Ergonomic Principles

Ergonomic practices aim to create a comfortable work environment to prevent injuries. Padangsari fulfills 50% of indicators, implementing shift work to manage fatigue. However, several things are lacking such as unlimited work space and lack of ergonomic training among workers. Good knowledge of ergonomics fosters awareness of its importance, preventing health issues caused by poor ergonomic practices and reducing occupational diseases (Purnawinadi, 2019).

## 4. Regular Checkups and Immunization

The health center achieves 100% compliance with periodic health checks and immunizations. Weekly and bi-annual health checks are conducted, and staff are vaccinated against COVID-19 and Hepatitis B, safeguarding healthcare workers and patients from disease transmission.

## 5. Cultivating Clean and Healthy Living Behavior/PHBS

Padangsari fully meets all 7 PHBS indicators by promoting PPE use, regular hygiene practices, and wellness activities like "Clean Friday." The facility ensures proper sanitation, waste management, and hygiene education to minimize infection risks.

## 6. Facilities and Infrastructure Management

Padangsari Community Health Center meets 60% of the OSH indicators for managing facilities and infrastructure (9 out of 15). The center maintains electrical installations, fire extinguishers, backup generators, ventilation, and sanitation systems. However, improvements are needed for fire safety facilities, evacuation routes, and room accessibility. In his research, May (2018) concluded, Poor facilities and infrastructure for Occupational Safety and Health in healthcare facilities can lead to workplace injuries, health hazards for workers, and increased risks of healthcare-associated infections (HAIs) for patients (May & Pinder, 2018).

## 7. Medical Equipment Management

The health center fulfills 83.3% of the indicators (5 out of 6). Regular maintenance, calibration, and proper storage of medical devices are carried out. However, inconsistent labeling of equipment remains an issue, potentially leading to misuse or safety risks.

## 8. Emergency and Disaster Preparedness

Only 25% of the indicators (2 out of 8) are met. A disaster response team and basic emergency procedures are in place, but hazard mapping, fire safety infrastructure, and annual simulations need improvement to enhance preparedness. Research by Wang (2023) highlights that the lack of disaster and fire preparedness in healthcare facilities increases the risk of casualties, overwhelms the system, and damages infrastructure, significantly hindering the ability to respond effectively (Wang *et al.*, 2023).

## 9. Hazardous and Toxic Material Management

The center fully complies with 100% of the indicators (8 out of 8). Hazardous waste is properly identified, stored, and disposed of, adhering to safety protocols and supported by third-party collaboration for waste management.

## 10. Domestic Waste Management

Full compliance with 100% of the indicators (5 out of 5) is achieved. Waste is sorted, disposed of daily, and cleaning staff are provided with personal protective equipment (PPE) to ensure safety and hygiene standards.

## Occupational Safety and Health Training, Reporting, and Recording

According to Health Ministry Regulation No. 52 of 2018, Community Health Centers (Puskesmas) must meet eight evaluation criteria to ensure effective Occupational Safety and Health (OSH) procedures, including accurate record-keeping, incident reporting, and OSH training. These criteria are crucial for maintaining a safe working environment and preventing accidents. Padangsari Health Center has successfully fulfilled all eight criteria, demonstrating its commitment to OSH by ensuring a safe work environment through appropriate training, reporting, and incident recording. The center maintains comprehensive records on staff attendance, illness, and work-related health issues, including forms for reporting accidents and near-miss incidents annually.

In his book, Syaputra (2023) explains how important it is to document and report occupational health and safety in order to prevent diseases and injuries related to the workplace. Employers can detect such hazards and take the necessary precautions to avoid them by regularly monitoring the trends of workers' health. Employees who are protected and in good health are more likely to be productive at their jobs (Wardhana, 2023).

Table 3: OSH recording and reporting criteria observation result

Criteria	Total Indicator	Implementation		
		Not Fulfilled	Partially Fulfilled	Fulfilled
(1)	(2)	(3)	(4)	(5)
Occupational safety and health training, reporting, and recording	8	-	-	8 (100%)

## CONCLUSION

This study evaluates the implementation of Occupational Health and Safety (OHS) at Padangsari Health Center based on Permenkes No. 52 of 2018. While the health center has made significant progress, meeting most of the assessment indicators, there are still areas requiring improvement to achieve the higher accreditation. Key areas for improvement include OSH planning, where further development is needed to fully meet the standards. OSH facilities and infrastructure management also require attention, as there is room for better management and enhancement of the physical infrastructure to support effective OHS practices. Additionally, emergency and disaster preparedness, particularly in fire safety, is the area with the greatest need for improvement, as many indicators remain unmet. By focusing on planning, facilities management, and emergency preparedness, Padangsari Health Center can strengthen its OHS implementation and work towards achieving the necessary standards for higher accreditation.

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