Medical Center Health System

Your One Source for Health

WELCOME TO MCH

STUDENT ORIENTATION

Medical Center Health System
Your One Source for Health

MISSION/VISION/STRATEGIC PRIORITIE

Mission Statement:

(Who we are!!)

Medical Center Health System is a community-based teaching organization dedicated to providing high-quality and affordable healthcare to improve the health and wellness of all residents of the Permian Basin.

Vision Statement:

(Where we are going!!)

MCHS will be the premier source for health and wellness.

"I CARE"

Integrity, Customer Centered, Accountability, Respect, Excellence

Medical Center Health System is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, gender, sexual orientation, age, national origin, disability, or protected characteristic.

Hours

Main Entrance Open daily 6am-10pm
Main Admitting Open daily from 6am – 10pm
ED Entrance Open 24 hours per day, 7 days a week
Center for Women and Infants Open 24 hours per day, 7 days a week
Wheatley Stewart Medical Pavilion Open M-F 5:30am-6pm

Cafeteria located on the 1st floor near the main south-facing entrance.
Breakfast 6:00 am - 10:00 am
Lunch 11:00 am - 3:00 pm
Dinner 3:30 pm - 6:45 pm
Midnight Café 1:00 am – 3:00 am

MEDICAL CENTER HOSPITAL

CAMPUS MAP

SAFETY/SAFETY COMMITTEE

SAFETY

Medical Center Hospital has established a Safety Officer/Environment of Care (EOC) Committee program. The Safety Officer develops investigative, safety and educational programs directed at decreasing both the frequency and severity of liability exposure and improving overall safety. The

reviews safety department plans.

The EOC Committee is responsible for oversight of all seven areas of the Environment of Care:

1. Safety
2. Security
3. HazMat
4. Utilities
5. Life Safety
6. Medical Equipment
7. Emergency Management

Every employee is responsible to observe and report safety issues to the Safety Officer or EOC Committee member. Employees are urged to report any safety concerns to their direct supervisor and/or the EOC Committee by calling 640-1101 or by email to;

Dispatch Ext. 4040
Emergency Extension Ext. 2000

WORKER RIGHT-TO KNOW PROGRAM

Texas Community Right-To-Know Acts (TCRAs)

The **community right-to-know program** has been established under both federal and state laws. As a result of these laws, all facilities which store significant quantities of hazardous chemicals must share this information with state and local emergency responders and planners. Facilities in Texas share this information by filing annual hazardous chemical inventories called Texas Tier Two Forms with the state, with Local Emergency Planning Committees (LEPCs), and with local fire departments. The Texas Tier Two Reports contain facility identification information and detailed chemical data about hazardous chemicals stored at the facility. Emergency response personnel, such as fire fighters, can use information contained in Texas Tier Two Reports, as well as custom reports generated from Texas Tier Two data.

The Tier Two Registration Section serves as the state repository for community right-to-know information, provides outreach for compliance on both the federal and state laws, supports Local Emergency Planning Committees (LEPCs) in community right-to-know endeavors, and administers an enforcement program. In 1999, the Section received and processed over 50,000 Texas Tier Two Reports, which are required to be maintained for 30 years. Annual inventory filing fees, which are collected under the TCRAs, provide the funding for both the community and worker right-to-know programs.

Texas Hazard Communication Act (THCA)

The **worker right-to-know program** is administered under the authority of the Texas Hazard Communication Act (THCA). The THCA requires public employers* to provide information, training, and appropriate personal protective equipment to their employees who may be exposed to hazardous chemicals in their workplaces. The Section provides both consultative and enforcement related evaluations of public workplaces to ensure that public employees are protected from hazardous chemicals in their workplaces. *Public employers include (but are not limited to) cities, counties, state agencies, public schools, public colleges and universities, and volunteer service organizations.

*Public employers include (but are not limited to) cities, counties, state agencies, public schools, public colleges and universities, and volunteer service organizations. Employees of private facilities in Texas are covered by a similar federal law, which is enforced by the U.S. Occupational Safety and Health Administration (OSHA).

NOTICE TO EMPLOYEES

NOTICE TO EMPLOYEES

The Texas Hazard Communication Act, codified as Chapter 502 of the Texas Health and Safety Code, requires public employers to provide employees with specific information on the hazards of chemicals to which employees may be exposed in the workplace. As required by law, your employer must provide you with certain information and training. A brief summary of the law follows.

HAZARDOUS CHEMICALS

Hazardous chemicals are any products or materials that present any physical or health hazards when used, unless they are exempted under the law. Some examples of more commonly used hazardous chemicals are fuels, cleaning products, solvents, many types of oils, compressed gases, many types of paints, pesticides, herbicides, refrigerants, laboratory chemicals, cement, welding rods, etc.

WORKPLACE CHEMICAL LIST

Employers must develop a list of hazardous chemicals used or stored in the workplace in excess of 55 gallons or 500 pounds. This list shall be updated by the employer as necessary, but at least annually, and be made readily available for employees and their representatives on request.

EMPLOYEE EDUCATION PROGRAM

Employers shall provide training to newly assigned employees before the employees work in a work area containing a hazardous chemical. Covered employees shall receive training from the employer on the hazards of the chemicals and on the measures they can take to protect themselves from those hazards. This training shall be repeated as needed, but at least whenever new hazards are introduced into the workplace or new information is received on the chemicals which are already present.

SAFETY DATA SHEETS

Employees who may be exposed to hazardous chemicals shall be informed of the exposure by the employer and shall have ready access to the most current Safety Data Sheets (SDSs) or Material Safety Data Sheets (MSDSs) if an SDS is not available yet, which detail physical and health hazards and other pertinent information on those chemicals.

LABELS

Employees shall not be required to work with hazardous chemicals from unlabeled containers except portable containers for immediate use, the contents of which are known to the user.

EMPLOYEE RIGHTS

Employees have rights to:

- access copies of SDSs (or an MSDS if an SDS is not available yet)
- information on their chemical exposures
- receive training on chemical hazards
- receive appropriate protective equipment
- file complaints, assist inspectors, or testify against their employer

Employees may not be discharged or discriminated against in any manner for the exercise of any rights provided by this Act. A waiver of employee rights is void; an employer's request for such a waiver is a violation of the Act. Employees may file complaints with the Texas Department of State Health Services at the telephone numbers provided below.

EMPLOYERS MAY BE SUBJECT TO ADMINISTRATIVE PENALTIES AND CIVIL OR CRIMINAL FINES RANGING FROM $50 TO $100,000 FOR EACH VIOLATION OF THIS ACT

Further information may be obtained from:

Texas Department of State Health Services
Division for Regulatory Services
Policy, Standards, & Quality Assurance Unit
Environmental Hazards Group
PO Box 149347, MC 1987
Austin, TX 78714-9347

(800) 452-2791 (toll-free in Texas)
(512) 834-6787
Fax: (512) 834-6726
TXHazComHelp@dshs.texas.gov

TEXAS Department of State Health Services

Worker Right-To-Know Program
Publication # E23-14173
Revised 03/2014

Medical Center Health System
Your One Source for Health

ADMINISTRATION

POLICY MEMORANDUM

POLICY TITLE:	Identification Badges
POLICY NUMBER:	MCH-3000
FUNCTION AREA:	
POLICY APPLICABLE TO:	All MCH Employees, Students, Faculty, Clergy, Medical Staff, Licensed Independent Practitioners, MCH Auxiliary, Hospital Volunteers, Texas Tech Employees, and Contract Workers
POLICY EFFECTIVE DATE:	03/1991
POLICY REVISED:	08/2021, 07/2023, 08/2025

POLICY STATEMENT:

While in the hospital performing tasks related to hospital operations persons in the above-listed positions are required to wear Medical Center Hospital photo-identification badges for identification and security purposes. Badges must be always worn above the waist with the picture and name visible so they can be readily seen by security personnel, patients, visitors, etc.

PROCEDURE:

I. Badges will be made by the Customer Service Department on Monday, Wednesday, and Friday from 7:30 a.m. to 4:30 p.m. and Tuesday and Thursday from 7:30 a.m. to 11:30 a.m. The initial identification (ID) badge will be issued to persons when they provide the following:

   a. MCH Placement Checklist with requested signatures

   b. A valid photo ID – A valid photo identification is one issued by the federal or state government (driver's license), or any agency thereof, or by a foreign national government (passport).

   c. Students 16 and younger who may not have a government-issued ID must present a current school ID badge.

II. Subsequent identification (ID) badges will be issued to persons when they provide the following:

   a. A valid photo ID – (as defined above)

a. **Supervisors and managers are required to ensure that employees wear their badges while on duty and otherwise conform to this policy.**

b. Employees will not make photocopies of their badges for any reason.

VIII. It is the responsibility of each educational entity to make arrangements with the Badge office to have badges made for their students, faculty, and employees, as well as to recover and return badges to the Badge Office at the end of clinicals and/or when a person terminates their affiliation with the school.

IX. Members of the Clergy must present authorization from the Hospital's Chaplain before a badge will be made and issued.

X. The Volunteer Services Department will authorize the placement of all MCH auxiliaries and volunteers. ID badges will be issued after completing the onboarding process.

XI. Members of the Medical Staff, their allied health professionals, and assistants will be issued badges after:

a. Being entered into the hospital computer system,

b. Being issued a physician number

XII. Allied health professionals and assistants must be credentialed according to the Medical Staff By-Laws before badges will be issued.

XIII. Contract employees, whether employed by MCH or by outside contractors, will be issued temporary badges to wear while working in the Hospital.

a. For a contractor badge with access to the facility, a background check and a HIPAA certification is required.

XIV. MCHS issued badges must only be used by the individual to whom the badge is issued, and shall not be used by other individuals to gain access to secured badge access areas or make purchases in the cafeteria, gift shop, etc.

XV. It is the responsibility of the respective department and director to recover and return badges to the Badge Office when people terminate their affiliation and/or association with Medical Center Hospital.

XVI. Inactivity of a badge will result in a suspension after 90 days and will be deleted from the system after 180 days. Please contact the Badge Office to have access returned.

AUTHOR'S SIGNATURE	Director Safety/Emergency Management
This will be signed electronically	
AUTHORIZING SIGNATURE(S)	Chief Operations Officer
This will be signed electronically	
	President, Chief Executive Officer
END OF POLICY	

Medical Center Hospital
A Member of Medical Center Health System

ADMINISTRATION

POLICY MEMORANDUM

POLICY TITLE:	EMPLOYEE PARKING
POLICY NUMBER:	MCH-1055
FUNCTION AREA:	Leadership
POLICY APPLICABLE TO:	All Hospital Employees, Patients, Physicians, Auxiliary, Contract, Students, and Texas Tech
POLICY EFFECTIVE DATE:	04/2001, 05/2004, 01/2007, 05/2012, 12//2013, 06/2017, 02/2025

POLICY STATEMENT:

It is the policy of Medical Center Health System (MCHS) to ensure efficient use of the hospital's parking facilities and to enforce fire lane and other parking violations.

PROCEDURE:

The below locations are designated parking locations for MCHS patients, visitors, physicians and staff.

MAIN PARKING GARAGE (Garage A): The first and second floors of the parking garage are designated for patients and visitors. Employees can park on the up-ramp and the down-ramp from the 2nd to the 3rd level, 3rd, 4th and 5th floor of the garage. There is designated parking for employee(s) of the month which runs monthly between board meeting dates.

SOUTH PROFESSIONAL TOWER LOT (Lot #1/ #2): These surface parking lots are open parking.

West Texas Cancer Center/Women's Clinic Parking (Lot #3, #5) Employees are prohibited from parking in the West Texas Cancer Center and Women's Clinic parking lot during daytime hours (0830-1700) Monday-Friday. MCHS employees may park in these areas during nighttime (1700-0830) and at any time during weekend hours (Friday 1700-Monday 0830). MCHS employees are required to be out of this area by 0830 on weekdays.

Wound Care Parking: Spaces on 4th Street designated for Wound Care outpatient visitors.

GOLDER PARKING (West): The lot south of the L-Building is designated for visitors and staff of ProCare Medical Office only. The North lot is reserved for staff and customers of the Regional Lab and MCH Retail Pharmacy.

AUXILIARY LOT: This area is reserved for the auxiliary and is secured by key-card access. This area is designated parking for Auxiliary, Physicians, and Auxiliary designated personnel.

EMPLOYEE PARKING

MEDICAL PAVILION GARAGE (WSMP) (Garage B): Open parking for patients and visitors. Employees of physician office tenants and MCHS employees are permitted to park on the 3rd floor and above.

CENTER FOR HEALTH & WELLNESS (CHW): The CHW parking area contains parking for patients/visitors, physicians and staff. Employee parking is designated as the outer curb line of parking on both the West and South lots. Physician parking is designated by signage. All other parking is designated for patients and visitors.

Center for Women and Infants (Lot 4) Designated for patients and visitors only. Employees are prohibited from parking in this lot. Other designated parking is posted.

One Doctor's Place Parking-Employees are permitted to park in spaces marked with white stripes only. Blue striped spaces are designated for patients and visitors.

(WSMP) West Parking Lot: Employees are permitted to park in spaces marked with white stripes only. Blue striped spaces in the center aisle on the south end of the parking lot are designated for customers of Casa Ortiz Only. Blue striped spaces in the center aisle on the north end of the parking lot are designated for patients and visitors only.

Annex Building Parking Lot: Employees are permitted to park in spaces that are not posted with signage designated as "Visitor Only Parking". There is designated parking for employee(s) of the month, which runs monthly between board meeting dates.

Business Office Parking Lot: Employees are not permitted to park in the business office parking lot.

All designated and assigned parking will be enforced by the Ector County Hospital District Police Department.

VIOLATIONS:

1. The ECHD Police Department personnel may issue MCHS citations and/or place boots on any vehicle illegally or improperly parked on all MCHS property, immobilizing the vehicle.
2. Employees must ensure that parking violations are paid within 30 days of the date of issue. Failure to pay the parking violation within 30 days may result in a late fee being accessed. Full payment of parking violations is required. Employees may appeal their parking ticket within 30 days of the date of issue. Evidence of the parking violation will be reviewed, and a decision will be made. The employee will be notified of the results by email, mail, and/or via telephone.
3. Continued violation of parking regulations by an employee may result in disciplinary action up to and including termination.
4. Should it become necessary to tow a vehicle, the following guidelines will be observed:
    a. The towing company will be called and informed of the vehicle to be towed.
    b. ECHD Police personnel will meet the towing company driver and identify the vehicle to be towed.
    c. ECHD Police personnel will accompany the towing company while said vehicle is being connected.
    d. A towing charge will be the responsibility of the registered owner of the vehicle.

AUTHOR'S SIGNATURE	
	Chief of Police
	Chief Operating Officer
AUTHORIZING SIGNATURE(S)	
	President/Chief Executive Officer
END OF POLICY	

HOSPITAL EMERGENCY CODES

Medical Center Health System utilizes a series of plain language phrases to notify patient, visitors, and staff members during an event.

Overhead/ Radio	EVENT	RECOMMENDED Plain Language
FACILITY ALERT		
Overhead	Evacuation	"Facility Alert + Evacuation + *Descriptor (location)"
Overhead	Fire	"Facility Alert + Fire Alarm Activation + *Descriptor (location)"
Overhead	Hazardous Spill	"Facility Alert + Hazardous Spill + *Descriptor (location)"
Overhead	Internal/External Event	"Facility Alert + Emergency Plan Activation + *Descriptor (location)"
Overhead	Team Assist	"Facility Alert + Team Assist + *Descriptor (location)"
WEATHER ALERT		
Overhead	Severe Weather	"Weather Alert + NOAA Language + Instruction"
SECURITY ALERT		
Overhead	Missing Infant	"Security Alert + Missing Infant + *Description + location"
Overhead	Missing Child	"Security Alert + Missing Child + *Description + location"
Overhead	Missing Person	"Security Alert + Missing Person + *Description + location"
Overhead	Active Shooter	"Security Alert + Active Shooter + *Description + location"
Overhead	Bomb Threat	"Security Alert + Potential Bomb Threat + *Description + location
Overhead	Combative Person	"Security Alert + Combative Person + *Description + location"
MEDICAL ALERT		
Overhead	Medical Emergency	"Medical Alert + Code BLUE + location"
Overhead	Medical Decontamination	"Medical Alert + Medical Decontamination + *Descriptor"
Overhead	Rapid Response	"Medical Alert + Rapid Response + location"
Overhead	STEMI Alert	"Medical Alert + STEMI Alert + location"
Overhead	Trauma Alert 1/2	"Medical Alert + Trauma Alert 1/2 + *Descriptor (location)"
Overhead	Stroke Alert	"Medical Alert + Stroke Alert + location"

Failure of:	What to Expect	Who to Contact	Responsibility of User
Computer Systems	System down	Information Technology Computer Support, Ext. 1385	Use backup manual/paper systems
Electrical Power Failure—Emergency Generators Work	Many lights are out. Only RED plug outlets work.	Engineering, Ext. 2600	Ensure that life support systems are on emergency power (red outlets). Ventilate patients by hand as necessary. Complete cases in progress ASAP. Use flashlights.
Electrical Power Failure—Total	Failure of all electrical systems.	Engineering, Ext. 2600 Respiratory Care, Ext. 1235	Utilize flashlights & lanterns; hand ventilate patients; manually regulate IVs; don't start new cases.
Elevators Out of Service—Fire	All vertical movement will have to be by stairwells.	Engineering, Ext. 2600 Shift Supervisors	Review fire & evacuation plans; establish services on first or second floor; use carry teams to move critical patients and equipment to other floor.
Elevators Out of Service	All vertical movement will have to be by stairwells	Contact Engineering for repair, Ext. 2600	Mark elevators "Out of Service" Review evacuation procedures
Elevator Stopped Between Floors	Elevator alarm bell sounding.	Engineering, Ext. 2600 Security, Ext. 2239	Keep verbal contact with personnel still in elevator and let them know help is on the way.
Fire Alarm System	No fire alarms or sprinklers	Engineering, Ext. 2600	Institute Fire Alarm Activation; minimize fire hazards; use phone or runners to report fire.
Medical Gases	Gas alarms; no O_2 or medical air or Nitrous Oxide (NO_2)	Engineering, Ext. 2600 Storeroom, Ext. 2600 Respiratory Care, Ext. 1235	Hand ventilate patients; transfer patients if necessary; use portable O_2 and other gases; call for additional portable cylinders.
Medical Vacuum	No vacuum; vacuum systems fail & in alarm.	Engineering, Ext. 2600 Respiratory Care, Ext. 1235 Central Supply, Ext. 1060	Call Central Supply for portable vacuum; finish cases in progress; don't start new cases.
Natural Gas Failure or Leak	Odor; no flames on burners; etc.	Engineering, Ext. 2600	Open doors to ventilate; turn off gas equipment; don't use any spark-producing devices, electric motors, switches, etc.
Nurse Call System	No patient contact.	Information Technology Computer Support, Ext. 1385	Use bedside patient telephone, if available; move patients; use bells; detail a rover to check patients.
Patient Care Equipment/Systems	Equipment/system does not function properly	Clinical Engineering, Ext. 2600	Replace & tag defective equipment with red equipment tag. Complete ORTS form.
Sewer Stoppage	Drains backing up	Engineering, Ext. 2600	Do not flush toilets; do not use water.
Steam Failure	No building heat, hot water, or laundry; sterilizers inoperative; limited cooking.	Engineering, Ext. 2600	Conserve sterile materials & all linens; provide extra blankets; prepare cold meals.
Telephones	No phone service	Information Technology Computer Support, Ext. 1385	Use overhead paging, pay phones. Use runners as needed. Activate red phones.
Water	Sinks & toilets inoperative.	Engineering, Ext. 2600 Central Supply, Ext. 1060	Conserve water; use bottled water for drinking; be sure to turn off water in sinks.
Water Non-Potable	Tap water unsafe to drink	Engineering, Ext. 2600 Shift Supervisors	Place "Non Potable Water—Do Not Drink" signs at all drinking fountains and wash basins.
Ventilation	No ventilation; no heating or cooling	Engineering, Ext. 2600	Open windows or obtain blankets if needed; restrict use of odorous/hazardous materials.
Blanketrol	Device shuts down and alarms	Clinical Engineering, Ext. 1142	Find alternate unit, use extra blankets/ice
Defibrillator	No energy output	Clinical Engineering, Ext. 1142	Find alternate unit, begin CPR
ECG Monitor	No waveform display	Clinical Engineering, Ext. 1142	Find alternate unit, increase nurse contact
External Pacemaker	No pacing	Clinical Engineering, Ext. 1142	Use defibrillator, continue ACLS
Ventilator	Device alarms and does not ventilate patient	Clinical Engineering, Ext. 1142, Respiratory Care, Ext. 1235	Start manual ventilation with Ambu-bag
Fluid Warmer	Device will not heat	Clinical Engineering, Ext. 1142	Use alternate method, microwave, warm water

Phone Numbers:

Support Service	2600	Respiratory Care	1235
Clinical Engineering		Safety	1121
Central Supply		Security	2239
Nutrition Services		Information Technology Computer Support	1385
Engineering		ECHD Police	4040
Environmental Services			

/LORI/POLICIES/SAFETY/SYSTEMS FAILURE & BASIC STAFF RESPONSE.DO

EMERGENCY CONDITION & BASIC STAFF RESPONSE

ALERT	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE	FOLLOW UP
POTENTIAL BOMB THREAT	Bomb Threat. Notification of a bomb at hospital. Usually by caller. May be by note.	Try to keep caller on the phone. Get the attention of other staff and alert to call Extension **2000.** Obtain as much information as possible—where is bomb; when will it go off; what does it look like; why was it placed; etc.	Report information to supervisor.	Search your area. Do not touch if found. Report anything suspicious. Complete bomb threat form in Emergency Preparedness Manual. Statement to law enforcement.
EVACUATION	Imminent danger to life, health, or safety or as instructed by Administration to evacuate.	Notify all in area to evacuate. Evacuate ambulatory, wheelchair, the non-ambulatory. Take patient records if safety permits.	Report to designated assembly area and account for all staff, patients, and visitors.	Report evacuation to EOC command center, Extension 2410. Identify any personnel unaccounted for.
CODE BLUE	Cardiac and/or Respiratory Arrest.	Units should dial Extension **2000** and give patient's name, room number, location, and doctor's name.	Telecommunications will announce "Code Blue" over the P.A. System and notify the attending physician. Assigned physicians, nurses, respiratory therapists, and security will respond.	
RAPID RESPONSE	Person in Distress. Precursor to Code Blue if the situation escalates.	1) Notify nurse if a patient has a change in condition such as difficulty breathing, sudden pain or change in ability to speak or mental status. 2) Nurse will determine the seriousness of the situation and, if necessary, dial **2000** and tell the operator to activate the Rapid Response Team, supplying the Patient's name and room number. 3) PBX will page "Rapid Response" on the intercom and page RRT on the "code blue" pager system.	The Rapid Response Team will arrive to assess and stabilize the situation	Nurse and RRT will complete an SBAR. Nurse communicates situation to the patient's family and provides SBAR to MD. RRT directs nurse in assessment and care of patient and documents assessment of patient's condition on the ***RRT Protocols and Team Report*. RRT also facilitates nurse communication with MD and writes orders as needed.
FIRE ALARM ACTIVATION	Fire, smoke, or smell of something burning.	**RACE** **R**escue those in immediate danger **A**ctivate alarm (Dial **2000**/pull alarm **C**ontain the fire (close doors) **E**xtinguish the fire	**PASS** Use an extinguisher Pull the pin Aim the nozzle Squeeze the handle Sweep from side to side	Evacuate if appropriate. Remove patients horizontally. Use staircase down. Do not go to roof.
HAZARDOUS SPILL	Any spill or identified contaminated individual in which could present a hazard to people, to the environment, or effects unknown.	Contact Spill Team through Telecommunications and give location and type of hazard. Use appropriate personal protective equipment. Isolate spill area. Evacuate area. Deny entry. Assist any victims.	Seek medical treatment of any victims.	Complete ORTS.
MISSING INFANT	Missing infant/child. Call **2000.**	Go to closest exit and watch for anyone with an infant or with a bag that could hold an infant.	Ask to verify infant identity (wrist name tag) or see contents of bag. Get good description of person and note direction of travel.	Immediately report information to Security.
WEATHER ALERTS	Warning or strike.	Language from the National Oceanic and Atmospheric Administration (NOAA)	Follow posted weather alert plan. Stay diligent with plan until all clear.	
UNUSUAL INCIDENT	Not covered by other plans.	Notify supervisor.	Follow instructions of supervisor.	Complete ORTS.
ACTIVE SHOOTER	Active Shooter	Avoid-exit the area quickly if it's safe to do so & notify 2000/911. Deny-be prepared to take cover & deny entry, Notify 2000/911. Defend-As a last resort use anything necessary as a weapon to survive and protect.	ECHD police will respond. Wait for their instructions.	Cooperate with any investigation; witness statements.

Medical Center Health System
Your One Source for Health

ADMINISTRATION

POLICY MEMORANDUM

POLICY TITLE:	Tobacco Free Campus
POLICY NUMBER:	MCH-1033
FUNCTION AREA:	Environment of Care
POLICY APPLICABLE TO:	All Hospital Employees, Patients, Physicians, Auxiliary, Visitors, Contract Employees & Tenants
POLICY EFFECTIVE DATE:	July 1, 2009
POLICY REVISED:	May, 2023

ALTERNATE WORD SEARCH: Nicotine Replacement Therapy (NRT), Tobacco Free, Smoking, Smoke Free

PHILOSOPHY:

Medical Center Health System (MCHS) recognizes the health hazards caused by tobacco products. As a healthcare campus, MCHS is committed to the establishment and enforcement of a healthier, tobacco-free environment. The purpose of this MCHS operating policy and procedure is to establish a policy prohibiting tobacco use in all MCHS buildings, and vehicles and is applicable to anyone, including but not limited to employees, physicians, patients, vendors, contractors, visitors and volunteers at Medical Center Hospital.

POLICY STATEMENT:

Medical Center Health System prohibits smoking or tobacco product use in all buildings owned or operated by Medical Center Health System and within 50 feet of any entrance of such buildings. Medical Center Health System prohibits smoking or tobacco product use in vehicles owned or operated by MCHS.

TOBACCO USE DEFINITION:

Tobacco use is defined as the burning of any type of tobacco product, as well as the use of oral tobacco products, electronic cigarettes, vaping apparatuses or any other product that derived from tobacco covered under the Food, Drug & Cosmetic Act (FD&C Act).

PROCEDURE:

1. Signage shall be posted at the boundaries of all Campuses and entrances of any Medical Center Health System owned or leased property.
2. Appropriate signage will be posted in the facilities.
3. This policy will be incorporated into Staff Orientation and Handbook material that will be available on the staff intranet.
4. Any Medical Center Health System employee is encouraged to inform any visitor or patient that they are on a tobacco-free campus.

ENFORCEMENT:

Medical Center Health System will enforce the above policy consistent with the applicable sections of the City of Odessa Ordinance 6-7-64

Places where prohibited; other offenses; excluded areas; defenses.

(a)

A person commits an offense in violation of this division by smoking, including the use of e-cigarettes, in any public area in any of the following places in the city, and an offense is punishable by a fine not to exceed five hundred dollars ($500.00):

(4)

Any retail or service establishment serving the general public, including, but not limited to, any food products establishment, department store, bingo parlor, bowling center, bar, nightclub, tavern, lounge, sexually oriented business, billiard hall, laundromat, bank, drugstore, shopping mall, or hair styling salon;

(5)

Within all areas available to and customarily used by the general public in all buildings of governmental subdivisions of the state located in the city, not the state or federal government, nonprofit entities patronized by the public, and private institutions of education;

(6)

Within any public area of a health-care facility or hospital, including, but not limited to, clinics, physical therapy facilities, nursing and convalescent homes, residential treatment centers/homes and doctors' and dentists' facilities;

(7)

Within any common area in subsections (1) through (6) above; or

(8)

Within a hospital as defined in this section.

Definition from City Ordinance:
Hospital: The enclosed facilities owned by Ector County Hospital District (doing business as Medical Center Hospital), Odessa Regional Medical Center or Basin Healthcare Center, within fifty (50) feet of any entrance to the enclosed facilities and encompassing the circular drive outside the entrance to the emergency room.

5. Enforcement of this policy is the responsibility of the ECHD Police, department heads, supervisors and security. Any employee found to be in violation of this policy will be subject to disciplinary action as set forth in the Medical Center Hospital employee handbook. An employee found smoking in a public area of the hospital as defined by section 6-7, division 3 of the Odessa City Ordinances, may also be punished by a fine not to exceed $500.
6.
7. Visitors observed violating this policy will be approached in a non-offensive manner and informed that Medical Center Health System is a Tobacco Free Campus. Visitors who continue to ignore all requests to cease tobacco use may be escorted from the Campus by security personnel. A visitor found smoking in a public area of the hospital as defined by section 6-7, division 3 of the Odessa City Ordinances, may be punished by a fine not to exceed $500.
8. Patients observed violating this policy will be approached in a non-offensive manner and informed that Medical Center Health System is a Tobacco Free Campus.
9. All inpatients will be requested to sign "patient using tobacco release and hold harmless agreement." (Attachment B)
10. A patient found smoking in a public area of the hospital as defined by section 6-7, division 3 of the Odessa City Ordinances, may be punished by a fine not to exceed $500.

TOBACCO INTERVENTION PROGRAM:

1. A smoking cessation program (Quitline) will be available to employees, eligible dependents, patients and medical Staff through American Cancer Society and Department of State Health Services.
2. Patients admitted to Medical Center Hospital who wish to quit tobacco use or obtain NRT will be referred to their primary nurse. The patient's nurse and physician will work together to assist the patient, as needed, and the patient will receive educational information about the cessation of tobacco use.
3. Medical staff and employees will be educated on the tobacco-free environment, and assisted with information regarding smoking cessation and NRT.

COMMITTEE APPROVALS

E-Team	May 16th, 2023	Approved

PURPOSE: To decrease the occurrence of patient related falls and related injuries through accurate assessment, identification of patients at risk, and implementation of effective interventions.

Inpatient Fall Prevention Program

If a patient is identified at risk for falling, this risk should be included in the patient's plan of care and communication with the interdisciplinary team should occur by placement of the yellow armband on the patient, yellow non-skid socks on the patient, and yellow fall symbol on/outside the door to the patient's room.

Note in change-of-shift reports that the patient is on Fall Precautions.

Interventions:

- Place at-risk patients in rooms near the nurses station, if possible.

- All healthcare providers, with each patient visit, are to check for the following:
  - bed in low position, wheels locked, brakes on
  - top two siderails are up, all four if indicated
  - bed alarm activated – zero bed prior to placing a patient in the bed for the first time
  - reorient patient to room / environment
  - toileting needs
  - call light, water, phone, glasses, hearing aid, cane, walker, etc. within reach
  - night light is on at dark
  - bedside table is on the opposite side of the exit side of bed to avoid using the table as a support for transfer
  - floor is clean and dry
  - pathway to bathroom is clear of clutter
  - patient and family/significant other understanding to call for assistance when getting out of bed
  - the possibility of the least restrictive restraint
  - utilize minimal lift equipment or assistive device appropriate for the patient

- Educate the patient and/or family/visitors on fall prevention strategies.

- Review medications which place patients at greater risk for falls: sleeping pills, B/P and heart meds, pain meds, etc.

- If a patient falls, complete an Occurrence Report Trending System (ORTS) Report and review plan of care to assure interventions are implemented appropriately.

- Always notify the attending physician, the House Supervisor, the Charge Nurse, and the next of kin or emergency contact when a patient falls with or without injury. Document this in the ORTS.

- All MCH inpatients are assessed on admission and reassessed, at a minimum, daily for fall risk per MCH Policy 2071.

Outpatient Fall Prevention Program:

All outpatients of Medical Center Healthcare System (MCHS) who present with an obvious unsteady gait, use of an assistive device (e.g. cane, walker, wheelchair) or who complains of unsteadiness, will be identified as a fall risk and basic fall precautions/interventions will be implemented.

All MCHS outpatient areas will complete an annual environmental risk assessment that will determine the level of individual patient assessment and interventions required by the specific outpatient area.

Requirements for patient assessment and interventions are as follows:

Level 1 Area: No patient specific fall risk assessment for this care setting is required. Environmental risk assessment shall be performed. Basic fall interventions implemented when warranted.
Areas included**:** Clinical Laboratory, MCH Main Lab, Radiology (non-sedated patients), Diabetes Center, FHC, FHC Dental Clinic, Pre-Op Express, and all Urgent and Pro Care Clinics excluding the Pro Care clinics located in Walmart.

Level 2 Area: All patients in this care setting should be considered a fall risk. No patient-specific risk assessment is required. Basic fall prevention interventions should be implemented for all patients.
Areas included**:** GI Lab, Bronch Lab, Same Day Surgery, Interventional Cardiology, Sleep Lab, Pulmonary Function Lab, Radiology (sedated patients), and the Emergency Department.

Level 3 Area: Patients in this care setting shall be assessed for fall risk upon admission or establishment of care, but no ongoing assessment is required unless there is a significant change in the patient's condition. Fall prevention interventions shall be implemented for at-risk patients.
Areas included: Cardiac Rehab, Infusion Services

Level 4 Area: Patients in this care setting shall be assessed for fall risk upon admission or establishment of care, and will receive ongoing reassessment of fall risk at least once a day at each visit or episode of care for diagnostic/procedural and outpatient/ambulatory settings. Fall prevention interventions shall be implemented for at-risk patients.
Areas included: Wound Care, HBO, Rehab (PT, OT, ST) Clinic, Center for Health and Wellness, PT/Sports Medicine

Fall Prevention Interventions

Any patient assessed/reassessed or pre-determined to be at risk of fall shall have a basic set of interventions deployed to prevent a fall. These interventions include, but are not necessarily limited to, the following:

- Gurneys will have side rails in the raised position when the patient is unattended.
- Patients will not be left unattended on exam or procedural tables without postural safety devices employed.
- A call bell or other staff notification device will be made available to the patient to call for assistance.
- Should the patient need to ambulate, staff will assist the patient and/or utilize assistive devices as warranted.
- Communicating fall risk to other members of the team as required

In all areas, the patient and/or family will be informed of the patient's fall risk status.

INTERPRETER SERVICES PROGRAM & CULTURAL COMPETENCY

The mission statement of the Interpreter Services Program (ISP) is to promote equal access to health care, facilitate effective communication with non-English speaking, LEP (Limited English Proficient), deaf, hard of hearing and visually impaired patients. The ISP also helps facilitate cross-cultural understanding, create trust and rapport, increase quality of care, reduce costs, enhance satisfaction, and pursue excellence.

- **What kind of Interpreter Services do we have?**
  - Language Access Network: Video Interpretation Services (MARTTI)
  - Certified Languages International (CLI): Telephonic Services
  - Highland Council for the Deaf, Big Spring Texas: On-site Sign Language
  - Authorized Medical Center Interpreters

- **How do we identify those that need Interpreter Services?**
    - Upon admission the organization shall identify whether or not the patient is in need of translation or interpretive services.
    - This is accomplished by determining the patient's primary language and whether or not there is any language barrier to effective communication.

- **Interpreter Services are available 24/7.**
    - During office hours:
    - Monday through Friday 8:00 p.m. - 4:30 p.m. contact 640-1240
    - Staff interpreters are available for **Spanish, Arabic, French, Chinese, Japanese, German, Philipino (Tagalog) and Yuruba**.
    - Interpreters for all other languages are available from the use of certified telephonic interpretation: Certified Languages International (CLI).
    - Medical Center Hospital contracts telephonic interpretation with CLI.
    - After office hours and weekends:
    - ***Interpreter Services 24-hour/7-day phone number 432-640-1138 or pager number 432-742-2677.***

- **When do we need Interpreter Services?**
    - The significant care needs of the patient including but limited to:
    - Determination of a patient's medical history or description of ailment or injury
    - Diagnosis or prognosis of ailments or injuries
    - Provision of information concerning patient's rights and advanced directives, informed consent or permission for treatment
    - Explanations regarding follow-up treatments, therapies, test results, or recovery
    - Explanation of medication prescribed (instructions regarding dosage, how and when medication is to be taken and side effects)

- **When Interpreter Services are not needed?**
    - Family may be used for non-medical related interpretive services (e.g. explaining visiting hours, orientation to the room environment, basic demographics, etc.)

Medical Center Hospital also provides services to the Hearing Impaired/Deaf. Please let us know as soon as possible if you will need the assistance of a sign language interpreter so that we can provide you the professional sign language interpreter in a timely manner. Medical Center Hospital contracts hearing impaired services with Highland Council for the Deaf, Big Spring, Texas.

MARTTI

MARTTI®

(My Accessible Real Time Trusted Interpreter)

Locations of MARTTI®

- ED, Cath Lab, CPC – located in ED Triage
- Center for Women & Infants – located across from Room 4138
- Wheatley Stewart Medical Pavilion – located in the Main Admitting break room
- Radiology/Registration – located in the linen alcove behind registration
- ICU 4 – located outside Bed #20 (south end nurses' station)
- 6C – located across from the 6C nurses' station
- 6W – located 6C nurse's station
- 3W – located behind the 3W nurses' station
- 5C, 5W – located across from the 5C nurses' station
- Main Operating Room – located by isolation room main PACU
- ICU2 – located in the south end nurses' station
- 8C – located across from 8C nurses' station
- 9C – located across from 9C nurses' station
- Center for Health & Wellness
- Loaner units – contact Quality & Service Excellence Division at ext. 1174.

Helpful Hints

- **DO NOT TURN MARTTI OFF!!!** (unless told by IT)
- If you are having problems connecting, or experiencing a long wait time, hang up and try calling back again.
- If you continue to have problems, call the 1-800 number on the back of the MARTTI® unit.
- If you have any questions, please contact Carolyn Bickerstaff at ext. 1174.

EHAC: Early Heart Attack Care

Why is it important?

- Heart disease is the number one killer in the United States and has been since the 1900's.
- 1.2 million American suffer from a heart attack every year.
- 785,000 Americans will have a first-time heart attack.
- 470,000 will have a repeat heart attack.
- Results in 800,000 deaths per year.
- Every 25 seconds someone dies from heart disease.
- According to the World Health Organization (WHO) 17.3 million people die from heart disease worldwide.
- WHO estimates that by the year 2030 that number will climb to 23.6 million deaths per year.

What are the signs of a heart attack?

- Uncomfortable pressure, squeezing, fullness, burning sensation or pain in the center of the chest.
- Discomfort may last more than a few minutes, or goes away and comes back.
- Pain or discomfort in one or both arms, your back, neck, jaw, or stomach.
- Shortness of breath with or without chest discomfort.
- Nausea, vomiting, cold sweats, or lightheadedness.

Men and Women is there a difference?

Men often display the typical signs and symptoms of a heart attack.

- Chest discomfort
- Cold sweats
- Pain radiating to left arm
- Shortness of breath

Women however display atypical signs and symptoms of a heart attack.

- Generalized achiness or fatigue
- Shortness of breath
- Nausea/vomiting
- Back, shoulder, neck or jaw pain
- Abdominal pain

Why do people Wait?

Denial and Procrastination = Our Heart's Enemy

- It's nothing really serious (I'll just rest a bit)
- I'm too busy right now (I don't have time to be sick)
- I don't want to be a problem (If it turns out to be nothing, I'll be embarrassed by the fuss made)
- It's probably heart burn or indigestion (I'll take something for it)
- I'm strong (Just walk it off, grin and bear it)
- I'm healthy (I have no serious medical problems… I exercise)
- I'll just wait it out (Everything will be okay)

EARY HEART AK CARE

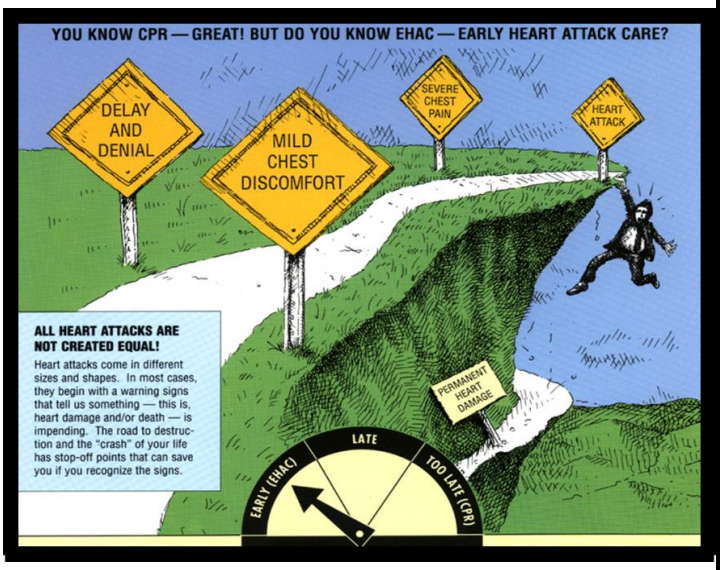
Why EHAC?

EHAC is knowing the subtle danger signs and acting on them before damage occurs

Early Care: Recognize & Respond	Often mild symptoms, usually normal activity
Late Care: Obvious Emergency & Respond	Incapacitating pain, diminished activity
Too Late Care: Critical Emergency & Respond	Unconscious, CPR, defibrillation, probable death

- ***85%*** of the heart ***damage*** takes place within the ***first two hours***

All heart attacks are not created equal! Heart attacks come in different sizes and shapes. In most cases, they begin with a warning sign that tells us something – this is, heart damage and/or death – is impending. The road to destruction and the "crash" of your life has stop-off points that can save you if you recognize the signs. Our bodies have a built-in warning system, and when there is something wrong that we need to pay attention to it tells us. It is up to us to pay attention to those warning signs. The warning signs of a heart attack may start presenting themselves as early as three weeks before or as late as 24 hours before the actual heart attack. It is very important that you listen to your heart because it is in your hands.



Listen to your heart

- Heart attacks need not kill or destroy heart muscle if you listen when your body is trying to tell you something.
- Be aware of a pressure – not necessarily pain - in the chest. If it subsides when you rest, but increases with activity, it is your warning sign of a heart attack.
- Go straight to the nearest hospital emergency room and don't try to rationalize it away as something else. Your body knows what it is talking about.
- Delay in seeking medical attention is the real risk factor.
- By listening to you heart, many heart attacks might be prevented.

- If you should have a patient, visitor, or co-worker complain of any of the early signs or symptoms of a heart attack you should activate a rapid response. **Dial 2000 on any hospital phone and tell the operator that you need to call a rapid response.**
- If you are outside the hospital **dial 911 and inform the 911 operator of the nature of you call. Do not attempt to drive to the hospital.**

Remember time is muscle! The longer you wait the more damage will occur to the heart.

INFECTION PREVENTION

Infection Prevention is the universal practice of all healthcare workers (HCW's). The single most important activity in the prevention and control of infection is **HAND HYGIENE.** MCH adheres to CDC Guideline for Hand Hygiene in Healthcare Settings, 2002. When hands are visibly soiled, wash with soap and water. When hands are not visibly soiled, use an alcohol based hand rinse or hand rub. Hand hygiene will be performed before and after using gloves for contact with the patient or her environment.

Of special concern to healthcare workers are Bloodborne Pathogens which are infectious particles contained in blood that can cause disease. The Occupational Safety and Health Administration (OSHA) has issued a standard that if followed, is designed to protect you. This law, OSHA's Bloodborne Pathogen Standard: Final Rule provides guidelines for the safety of the healthcare workers related to blood and body fluids. You are covered by the standard if it is reasonably anticipated that you could be exposed to Bloodborne Pathogens as result of performing your job duties. On-the-job safety for healthcare workers is provided by engineering controls, training in safe work practices, and equipment.

About 95% of Bloodborne Pathogen acquisition is not work related. In the remaining 5%, is occupational exposure.

Bloodborne Pathogens may be found in:

Blood
Semen
Vaginal secretions
Chest fluid
Abdominal fluid
Spinal fluid
Joint fluid
Amniotic fluid
Saliva (in dental procedures)
Human organs or tissues
Tissue cultures
Any visibly bloody fluid or fluids in which differentiating blood is not possible

The most prevalent infections that are transmitted in the blood are Human Immune Deficiency (HIV), Hepatitis B (HBV), and Hepatitis C (HCV). There is no cure for HBV. Employee Health and Wellness offers free immunization for HBV to all employees. If you decline the HBV immunization, you must do so in writing. If you have declined HBV immunization in the past and would now like to receive it, contact Employee Health and Wellness. There is no cure and no immunization for HIV. There is no cure and no immunization for HCV. The practice of Universal Precautions is an effective way of preventing infection by Bloodborne Pathogens.

Universal Precautions are the use of impervious barriers (esp. Personal Protective Equipment, PPE) every time contact with blood or body fluids can be expected.

PPE is provided to you by your employer, MCH, but YOU must make the decision and act to use it use it whenever contact with blood or body fluids can be expected. Choose PPE according to the task to be performed. Gloves, gowns, masks, and eye protection are commonly used PPE. For resuscitation use a mouth barrier.
Handle all contaminated materials and equipment according to MCH policy. Blood contaminated products are disposed of in red bags, red containers, or containers with the biohazard symbol. All disposable sharps shall be disposed of in puncture resistant color coded or marked containers promptly after use. Use safety engineered devices to prevent accidental sharps injury. Do not deactivate or alter a safety engineered device.

Do Not Recap Needles
Do not eat or drink near blood or body fluids
No mouth pipetting

In the event of an on-the-job exposure to blood or blood contaminated fluids, do the following:

a. Wash the area immediately with soap and water.

2. Report the incident to your Supervisor and state your need to proceed to the Emergency Department.

3. Obtain an Employee Accident Report. This form may be completed while you are in the Emergency Department.

3. Follow-up with the Emergency Department within 30 minutes of the exposure incident.

In the case of certain types of exposures, the Centers for Disease Control recommend drug treatment for the prevention of HIV and AIDS. Studies show that to achieve maximum benefit, these medications should be first taken within 2 hours of the exposure occurrence. Testing and counseling for HIV and HBV will be available as appropriate to employees from Employee and Wellness at no charge. The result of these tests will be made available to the employee. Results are communicated in person and all records are confidential.

Links are available to the MCH Exposure Control Plan #2043 and to the complete text of The OSHA Bloodborne Pathogens Standard.

Infection Prevention is Everybody's Business.

If you have questions or concerns, please do not hesitate to contact the Infection Prevention Coordinator at 640-1862.

mch
Medical Center Health System
Your One Source for Health

MEDICAL CENTER HEALTH SYSTEM'S NOTICE OF PRIVACY PRACTICES

Effective Date: February 1, 2003;
Reviewed: 9-22-03; 4-12-05; 06-08-11; 07-01-13; 3-15-17
Revised: 9-22-03, 4-12-05; 07-01-13: 3-15-17

Medical Center Health System's Notice of Privacy Practices

(Includes Texas Privacy Law)
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

1. **Purpose:** The Hospital and its professional staff, employees, and volunteers and all of its affiliated entities including the Family Health Clinic, and MCHS Professional Care (referred to collectively as Hospital) follow the privacy practices described in this Notice. The Hospital maintains your personal health information in records that will be maintained in a confidential manner, as required by law. This health information may include photographs obtained by authorized personnel at the Hospital for treatment purposes. The Hospital must use and disclose your health information to the extent necessary to provide you with quality health care. To do this, the Hospital must share your health information as necessary for treatment, payment and health care operations.

2. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. The Hospital may use your health information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. We also may use and disclose your health information to improve the quality of care, *e.g.*, for review and training purposes. It is also determined that patient safety activities of patient safety organizations (PSOs) are deemed to be healthcare operations under the Privacy Rule.

3. **How Will the Hospital Use My Health Information?** Your health information may be used for the purposes listed below, unless you ask for restrictions on a specific use or disclosure:

- To share with your healthcare provider(s) and PSOs as needed for follow-up care. This would include Texas Tech University Health Science Center (TTUHSC), the Permian Basin Healthcare Network (PBHN), ProCare and other physicians and healthcare providers with staff privileges at MCHS.
- Hospital Directory, which may include your name, general condition, and your room number.
- Religious affiliation to a hospital chaplain or member of the clergy.
- Authorized family members who may consent to your treatment or who are involved in the payment for your treatment.
- Workers' Compensation. (Your health information regarding benefits for work-related illnesses may be released as appropriate.)
- To carry out health care treatment, payment, and operations functions through business associates, *e.g.*, to install a new computer system.
- American Red Cross (or a government disaster relief agency) if you are involved in a disaster relief effort.
- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- Used (or disclosed to a business associate) for fundraising, but such information will be limited to your name, address, phone number, and the dates you received services at the Hospital. (You will have an opportunity to opt-out from receiving any fundraising communications after the initial notification required by law.)
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight activities, *e.g.*, audits, inspections, investigations, and licensure.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- Law enforcement *(e.g.*, in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on the Hospital's premises; and in emergency circumstances relating to reporting information about a crime.)
- To coroners and medical examiners.
- Organ and tissue donation
- Certain research projects approved by an Institutional Review Board.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces.
- National security and intelligence activities.
- Protection of the President or other authorized persons from foreign heads of state, or to conduct special investigations.
- Inmates. (Medical information about inmates of correctional institutions may be released to the institution.)
- Alcohol and drug abuse information has special privacy protections. The Hospital will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless: (i) the patient consents in writing; (ii) a court order requires disclosure of the information; (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

  Certain types of information will be subject to additional restrictions on disclosure, such as AIDS test results and psychotherapy notes.

4. **Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your health information unless you authorize (permit) the Hospital in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

5. **You Have Rights Regarding Your Medical Information.** You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by the Hospital:

- **Right to request restriction.** You may request limitations on your health information we use or disclose for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. However, you may request to restrict certain disclosures of your health information if the services were paid in full and out of pocket has been met, at which time we will comply with your request.
- **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to inspect and request copies of your health information regarding decisions about your care. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by the Hospital. The Hospital will comply with the outcome of the review.
- **Right to request amendment.** If you believe that the health information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the Hospital, which requires certain specific information. The Hospital is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities other than for health care treatment payment or operations in the past six (6) years, but not prior to April 14, 2003. After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site at **www.MCHodessa.com**.
- **Right of notification of breach.** The Hospital will notify you in the event a breach of your protected health information has occurred and you were affected.
- **Right of notification of genetic information.** You may prohibit the Hospital from using or disclosing your genetic health information for underwriting.

6. **Requirements Regarding This Notice.** The Hospital is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. The Hospital may change this Notice and these changes will be effective for health information we have about you as well as any information we receive in the future. Each time you register at the Hospital for health care services as an inpatient or outpatient, you will receive a copy of the Notice in effect at the time. The Hospital will prominently post any revision made to this Notice at our web site listed herein.

7. **Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the United States Department of Health and Human Services. ***You will not be penalized or retaliated against in any way for making a complaint to the Hospital or the Department of Health and Human Services.***

MCHS Contact: You may call The MCHS Privacy Officer at 640-1106 if:

- **you have a complaint;**
- **you have any questions about this Notice;**
- **you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations; or**
- **you wish to obtain a form to exercise your individual rights described in paragraph 5.**

ETHICS AND CLINICAL ETHICS COMMITTEE

Medical Center Hospital

ETHICAL DILEMMA: Occurs in situations where a choice must be made between two or more relevant, but contradictory ethical directions or when every alternative results in an undesirable outcome for one or more persons.

ETHICAL PRINCIPLES:

- **Autonomy:** The right of a competent individual to make informed choices concerning medical treatment and care; the right to have control over one's personal destiny through self-determination.
- **Beneficence:** The obligation to do that which is good.

- **Nonmaleficence:** Exercising care to do no harm.
- **Justice:** Equitable and reasonable distribution of care, goods, and services.

CLINICAL ETHICS COMMITTEE:

- **Purpose:**

  *To provide education to Committee members, hospital staff and physicians about how to do good decision-making related to ethical dilemmas;

  *To be a forum to address specific patient situations when there are ethical concerns related to the care of a patient;

  *To provide support to all care providers, which includes assuring that appropriate policies and procedures are in place to deal with various ethical dilemmas.

- **Membership:** The Committee includes persons of different backgrounds and specialties, such as physicians, nursing staff, chaplain, social worker, other ancillary hospital staff, administration, and community representatives.

- **Referral Process:** Anyone can make a referral to the Committee and they can remain anonymous. To contact the Committee, call 640-3844.

PHYSICIAN STAFF HEALTH & WELLNESS COMMITTEE

Medical Center Hospital
Physician Staff Health & Wellness Committee

The Physician Staff Health & Wellness Committee at Medical Center Hospital is charged with overseeing, in an organized and responsible manner, matters of physician health, wellness and impairment whether the impairment is due to physical, mental or addictive processes. To assist the Committee in the process, the Medical Staff has implemented a Medical Staff Health and Rehabilitation Policy. The Policy provides for a non-punitive approach to addressing physician impairment. The emphasis is on assistance and rehabilitation to aid members of the medical staff to retain optimal professional skills and functioning, consistent with protection of patients.

The concern of Medical Center Hospital and its medical staff is always for quality patient care. At the same time, however, there must be sensitivity to and compassion for members whose abilities may possibly be diminished or compromised through impairment.

An impaired medical staff member is one who is unable to practice his or her profession with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol

Often a medical staff member, friend, colleague, or other hospital staff such as Nursing staff are in a position to see problems before they become an impairment to the physician's ability to practice. Reports will be dealt with total confidentiality to the full extent permitted by law.

Confidentiality

The Physician Staff Health & Wellness Committee is a Peer Review Committee. Referrals to, proceedings of, and actions taken by the Committee are confidential and privileged. Vernon's Texas Codes Annotated, Occupational Code §160.007 provides that each proceeding or record of a medical peer review committee is privileged. Furthermore, unless disclosure is required or authorized by law, a record or determination of, or a communication to, a medical peer review committee is not subject to subpoena or discovery and is not admissible as evidence in any civil or administrative proceeding without waiver of the privilege of confidentiality executed in writing by the committee.

State Statutes provide civil immunity for a person who in good faith reports or furnishes information to a medical peer review committee or the board (Texas State Board of Medical Examiners). Avoid speculation, conclusions, gossip and discussion of committee matters with anyone outside those described in the Medical Staff Health and Rehabilitation Policy.

The purpose of the Medical Staff Health and Rehabilitation Policy is to provide a process for assistance and rehabilitation, rather than discipline, to aid a physician in retaining or regaining optimal professional functioning, consistent with protection of patients.

Key components

- Identification
- Investigation
- Intervention
- Refer for Evaluation
- Aftercare
- Monitoring

Report of Impairment

An individual who suspects that a member of the Medical Staff is impaired shall give a written report to one of the following staff:

- The Administrator/CEO
- Chief of Staff
- Chief Medical Officer
- Chairperson or any member of the Physician Staff Health & Wellness Committee
-

Physician Staff Health & Wellness Committee

For the current list of Physician Staff Health & Wellness Committee members, please contact the Medical Staff Office at 640-1058. Also, the list can be located on the hospital intranet by clicking on:

- "Depts"
- "Med Staff"
- "Physician Health & Wellness"

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ADMINISTRATION
POLICY MEMORANDUM

POLICY TITLE:	Employee Dress Code
POLICY NUMBER:	MCH-1027
FUNCTION AREA:	Leadership
POLICY APPLICABLE TO:	All MCHS Employees
POLICY EFFECTIVE DATE:	08/19/1993
POLICY REVISED:	10/29/1997, 6/1999, 7/1999, 5/2000, 9/2000, 4/2001, 11/2001, 2/2002; 3/2002, 5/2002, 1/2003, 8/2003, 3/2004, 5/2005, 9/2007, 3/2008; 6/2009; 10/2009, 7/2012. 01/2017, 8/18/2019,11/2019, 9/2022, 12/2024, 12/2025

POLICY STATEMENT:

All employees are expected to uphold high standards of professionalism by maintaining a neat, clean, and well-groomed appearance at all times. It is the responsibility of the Department Directors and Supervisors to consistently enforce the dress code across MCHS and to take appropriate corrective action in cases of non-compliance.

This policy has been thoughtfully created with the comfort and well-being of the patient and their family at its core. Every guideline and provision within it reflects a commitment to creating a supportive, respectful, and compassionate environment. The policy aims to foster trust and alleviate stress during what can often be a challenging time. Ultimately, it serves as a framework to ensure that care is not only clinically sound but also deeply human-centered.

Medical Center hospital is committed to providing equal employment opportunities for all associates. We strictly prohibit discrimination and harassment based on race, color, religion, age, sex, national origin, disability, genetic information, veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local law.

PROCEDURE:

The following standards outline the minimum dress code requirements. Individual departments may implement more specific dress code policies, provided they receive written approval from the Department Director, the Dress Code Committee, and the Chief Executive Officer.

I. All employees must wear their hospital-issued photo-identification badge at all times while on duty. For detailed guidelines, please refer to policy MCH-3000: Identification Badges.

a) Badges must always be worn above the waist, with both the photo and name clearly visible.
b) Badges that are faded or illegible must be replaced with a new badge.
c) To ensure proper badge functionality, no items may be affixed to the badge, as they may interfere with its proximity-based capabilities.
d) Only approved MCHS lanyards are permitted to be worn.

II. Hair

a) Non-traditional hair colors, including styles such as ombre dipping, are not permitted. Examples of non-traditional colors include, but are not limited to, blue, purple, green, orange, and pink. However, a single thin hair extension in a non-traditional color is acceptable.
b) Hair must be clean, well-groomed, and styled in a way that it does not pose a safety hazard.
c) Facial hair must be neatly trimmed, clean and well maintained.
d) Fashionable hair wraps are permitted as part of personal attire.
e) Associates working in departments exposed to outdoor weather may wear hats featuring the MCHS logo.
f) Eyelash extensions must be discreet, must not obstruct vision, and should adhere to hygiene standards.

III. Jewelry

a) The safety of both employees and patients should be taken into account when wearing jewelry.
b) Tongue and facial jewelry are not permitted, with the exception of a small nose stud.
c) Tongue rings, nose rings, septum piercings, gauge earrings, and other facial piercings are not permitted. Flesh toned plugs must be worn in place of gauge earrings or facial piercing.

IV. Body art

a) Tattoos that promote gang affiliation, contain sexual, racial, or religious discrimination content, or include profanity are considered inappropriate and unacceptable in the workplace.

V. Uniforms

a) Nursing staff who provide direct patient care may wear scrubs of their choice on Fridays. If a unit has specific requirements for scrub attire, employee will be informed of those expectations prior to working on that unit.
b) On Fridays, unit T-shirts and hospital sponsored charitable event T-shirts may be worn in place of the scrub top. T-shirts from charitable events must be in good condition – free from fading, tears, or rips – to be acceptable for wear.

VI. Only the following departments are authorized to wear hospital-issued scrubs:

- Recovery Room
- Operating Room
- Labor and Delivery
- Sterile Processing
- Cath Lab
- Special Procedures

a) Employees must remove shoe covers and disposable gowns before leaving the department work area.

VII. Uniforms, scrubs, and lab coats must be clean, neatly pressed, and appropriately fitted to ensure a professional appearance.

VIII. Sleeveless dresses or tops must be accompanied by a jacket, sweater, or other garment that covers the shoulders.

IX. Footwear restrictions will be established by individual department directors, and they must receive approval from the Dress Code Committee. These restrictions will be implemented solely based on consideration of safety and practicality:

a) All footwear must be clean, free of odor, and in good repair.
b) In non-clinical departments, open-toed shoes may be permitted at the discretion of the department director.
c) Flip flops are not permitted in any department.
d) In clinical departments, closed-toe shoes are required at all times.

X. All attire must reflect a professional image and be appropriate for the employee's job responsibilities.

a) Skirts and dress must be no shorter than two (2) inches above the kneecap when standing or sitting.
b) Slits in skirts or dresses must not exceed two (2) inches above the top of the kneecap when standing or sitting.
c) Denim clothing, including jeans and jean skirts, is not permitted except on designated "Jean Fridays" or other authorized occasions. On these days, denim may be worm only with MCH-approved apparel or a top that complies with the dress code.
d) Hospital sponsored charitable event T-shirts may be worn only on Fridays, unless otherwise approved by the President/CEO. The T-shirts must be in good condition and may not be worn if faded, torn, or ripped.
e) Polo-style shirts, with or without MCHS logos, are permitted with prior approval from the Department Director.

XI. The following attire is not permitted while on duty, regardless of whether a lab coat is worn:
a) Shorts
b) Overalls
c) Spandex
d) Faded or excessively worn clothing

e) Sheer garments that reveal undergarments.
f) Skintight clothing, including scrubs, pants, sweaters, tops, skirts
g) Pants that are overly tight or shorter than mid-calf length
h) Clothing that is ripped, torn, or shredded
i) Garments with plunging necklines or exposing midriffs
j) Leggings and jeggings may only be worn as hosiery, paired with a shirt, dress, or skirt that extends no shorter than two inches above the kneecap
k) Yoga pants are strictly prohibited at all times

XII. Employees are expected to maintain a high standard of professionalism that reflects cleanliness and personal care. Particular emphasis on personal and oral hygiene.

a) Fingernails Hygiene:
Fingernails must be kept clean and at a reasonable length in accordance with departmental safety and sanitary guidelines. Nail polish is permitted; however, chipped polish is not allowed.

b) Artificial Nails and Length Restrictions:

Health care personnel involved in direct patient care ("hands on" contact) are prohibited from wearing artificial nails, including gel nail extensions. Natural nails must not exceed one-quarter (1/4) in length beyond the nail ridge, in alignment with CDC guidelines.

c) Use of Fragrances:

Perfume and cologne should be used sparingly. The use of fragrances is strictly prohibited in patient care areas.

XIII. Non-Compliance with the MCHS dress code may result in disciplinary action, up to and including termination. Employees may be required to clock out and leave the premises to change or correct the issue before returning to work.

XIV. Enforcement:
If an employee observes a colleague not adhering to the dress code, they should report the matter to their immediate supervisor or send an email to the designated Dress Code Standards group. The group will then notify the appropriate Director or Manager, who will be responsible for taking any necessary corrective action.

XV. This dress code policy takes precedence over any unit-specific guidelines and reflects the overarching standards of MCHS.

XVI. Exceptions may be granted for special events under certain circumstances.

AUTHOR'S SIGNATURE	