Cermak Health Services of Cook County

General Overview- Scope of Services

Cermak Health Services has a network of medical clinics (sick call) areas located within the Nine (9) housing divisions on the 100-acre campus. The Cermak building includes medical and mental health infirmary units for males and females, Urgent Care, as well as an infectious disease unit.

Nurses administer high-risk medication on a dos-by-dose basis to over 2500 detainees daily, which includes psychiatric medications. In addition there are 2000 detainees receiving Keep on Person (K.O.P.) medication daily.

CERMAK HEALTH SERVICES OF COOK COUNTY DEPARTMENT OF NURSING COMMERCIAL REGISTRY ORIENTATION

- 1. Commercial Registry Nursing Orientation Checklist
- 2. Identification Badge Cook County Department of Correction (CCDOC)
- 3. Request for Issuance of Department of Corrections I.D. Cards
- 4. CCDOC General Order Contraband/No Smoking Policy
- 5. Code of Conduct Agreement- Code of Conduct (CCDOC)
- 6. Summary Overview of Cermak Health Services
- 7. Cermak Health Services Mission Statement
- 8. Mission of Nursing at Cermak
- 9. Philosophy of Care
- 10. Organizational Chart-Nursing Department
- 11. Cermak Health Services Telephone Numbers
- 12. Professional Appearance Guidelines
- 13. Competency-Based Validation
- 14. Commercial Registry Nurse Skills Checklist
- 15. Overview of the Electronic Medical Records Program (Cerner)
- 16. Health Service Request- How to Prioritize Nursing Assessment and Documentation/Referral Process
- 17. Dental Screening
- 18. ESI Referral to Urgent Care
- 19. First Net
- 20. Sick Call
- 21. Therapeutic Restraints
- 22. Response to Medical Emergency
 - * Role of Emergency Response Team
 - * Calling 911- When, How, Why
 - * Documentation of Assessment Done
- 23. Response to Psych Emergency
 - * Standard First Aid for Hanging Attempts
- 24. Charting and Documentation
 - *Basic Format of a S.O.A.P. Progress Note
- 25. Phlebotomy
- 26. Segregation
- 27. Keep on Person Medication Process (KOP)
- 28. Guidelines for Medication Pass
- 29. Medication: Automatic Stop Orders
- 30. Controlled Substances
- 31. Over the Counter Medication
- 32. Skills Performance Checklist, EKG Monitor/Defibrillator
 - * Electrode Placement Guide
- 33. Consent for Treatment of a Minor
- 34. Response to Disaster/Fire
- 35. Sharps Count/Contraband
- 36. Pyxis Automated Medication Dispensing System
- 37. Accu- Check, INR, ISTAT
- 38. Bed Control
- 39. Safety Huddle

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle
President
Cook County Board of Commissioners
John Jay Shannon, MD

John Jay Shannon, MD Chief Executive Officer Cook County Health & Hospitals System



Cook County Health & Hospitals System Board Members

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Commercial Agency Orientation

Cermak Health Services of Cook County is located at 2800 South California, Chicago, Illinois. The entrance to the compound is at 2700 S. California.

The Commercial Registry Orientation will start promptly at 8:00am and end at 4:00pm. No late arrivals will be permitted to participate in the orientation (**No Exceptions**).

- 1. Arrive early to find parking
- 2. Your name will be on a visitor list with passes at post 5 (black and yellow gate post by Cermak).
- 3. Present Driver's License (DL) and/or State ID and notify the officer of the purpose for visiting Cermak (orientation).
- 4. Visitors must sign a visitor log upon entry and exit of CCDOC (Cermak).
- 5. Visitors will go back to post 5 when leaving. (DL/ID must be shown to Officer again).

Dress Attire: The orientee should wear comfortable professional clothing (No Jeans); wear a lab coat and comfortable shoes for walking.

Contraband:

- a. No cell phones or other electronic devices No cameras
- b. No glass, i.e. bottles (perfume) mirrors, etc.
- c. No cigarettes, cigarette lighters or matches
- d. Nothing aluminum, ie. cans (pop. mace, etc.), key rings with excessive metal pieces
- e. No magazines, books or newspapers
- f. No binders with the metal strip or pads with spiral wire

Reviewed: January 2016



CERMAK HEALTH SERVICES OF COOK COUNTY

Patient Care Services Department Confidentiality Agreement

I have generally been informed and understand that information concerning treatment of patients is confidential and not to be disclosed to any person or entity without appropriate patient authorization, subpoena, or court order. As a condition of my employment, I agree not to directly or indirectly disclose said information without proper authority and specifically agree with the following requirements:

- 1. I will avoid any action that will provide confidential information to any unauthorized individual or agency.
- 2. I will not review medical records of files for which I have no authorization.
- 3. I will not make copies of any medical records or data except as specifically authorized.
- 4. I will not remove confidential identifying information from the facility except as authorized in the performance of my duties.
- 5. I will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in the medical record.
- 6. I will not provide my computer password of fire access codes to any unauthorized person.
- 7. If I observe unauthorized access or divulgement of confidential records or data to other persons, I will report it immediately to my supervisor. I understand that failure to report violations of confidentiality by others is just as serious as my own violation.

I understand that confidential information or data is defined as any information where the individual, health facility or physician(s) is (are) named or otherwise identifiable. Breach of confidentiality may be cause for immediate termination of my employment.

I have read this agreement and the confidentiality policies of this facility and will demonstrate my understanding and willingness to abide by these policies and procedures by affixing my signature and the date below. I will review this policy, and document my compliance and understanding by affixing my signature and the date on an annual basis and as necessary.

Employee signature	Date	
Supervisor signature	Date	

Nursing	Network:	
A. □ Add □ Change access or personal info □ Inactivate □ I	Re-activate Other:	
B. Last	Healthcare Credentials (e.g., RN, LPN, CRNA, CNS)	
Cook County ID badge # or last 2 of SSN APN NPI APN Pager		
State License #	APN DEA	
With my signature, I affirm that I received, read, and will abide by the Information Security Rules of the Behavior. Date / 20		
User's Signature Posit	ion or Title	
C. Primary Location (check one) D. Ac	cess Duration	
□ ACHN □ Core Center □ Juv Det □ Provident □ Cermak □ J H Stroger □ OFH □ Public Health	/ / / / Start Date	
Medical Department or ACHN Site or Public Health Site (End date for temporary users such as students, volunteers, residents & contractors) County Employee (No end date) EMP# Req		
E. Special Access ☐ Cook County email ☐ Internet ☐ Vista ☐ Time & Attendance * ☐ AcuityPLus ☐ Bizhub Scanning to Email ☐ Bizhub Scanning to Network share ☐ VPN ☐ ANSOS ☐ Teletracking same access as:		
*requires additional authorization below		
F. Cerner Check 1 below or request access the same as (existing user)		
□ ED Nurse □ Nurse APN □ Nurse RN Mgmt Admn □ Nurse RN Mgmt/Admn 2 □ Nurse RN Mgmt/Admn Amb □ Nurse Instructor □ Nurse RN Mgmt/Admn InPt □ Nurse LPN Amb □ Nurse RN Procedural □ Nurse LPN Amb Registry □ Nurse RN Public Health □ Nurse LPN InPt □ Nurse RN Specialty Service □ Nurse LPN InPt □ Nurse Student LPN □ Nurse RN Amb □ Nurse Student PCA □ Nurse RN Amb Registry □ Nurse Student RN □ Nurse RN InPt Orders □ Nurse Student RN/APN □ Nurse RN InPt Orders Registry □ Nursing Activity Worker-Play The	Nursing Clinical Health Advocate Nursing CMT Nursing PCA/CNA Amb Reg'try Nursing PCA/CNA InPt Reg'try Nursing PCA/CNA InPt Nursing PCA/CNA InPt Nursing PCA/CNA InPt Nursing Telemetry Tech Nursing Unit Clerk Amb Nursing Unit Clerk InPt SurgiNet OB Nurse SurgiNet OR Nurse P2 Nursing Medical Assistant	
Message Center Pool/s:		
For Stroger Cerner ED FirstNet: Adult	□ Peds □ Trauma	
G ■ Request patient records of □ Cermak □ Child Adv* □ C □ Juv Detention* □ OFH □ Provident □ SHCC □ SHCC Er	Core Center	
Request authorized Signed	* Signed	
Chair or Phone or pager Director)	Phone or pager	
Title	Title	

Incomplete forms will NOT be processed. Deliver to either Stroger Hosp HIS Help Desk, room 2650 or fax 312-864-9364. Call Help Desk, 312-864-HELP, for status. After 2 Business days, bring Photo ID to pick up password in person. Rev. JAN 2015