

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

Chief Executive Officer

Cook County Health & Hospitals System



COOK COUNTY HEALTH
& HOSPITALS SYSTEM

CCHHS

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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 or 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 _____

