

COOK COUNTY
HEALTH



Cook County Health

New Student Required Documents

(Affiliated Agreement Schools)



COOK COUNTY
HEALTH



COOK COUNTY HEALTH

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COOK COUNTY HEALTH (CCH) SUMMARY OF REQUIREMENTS CERTIFICATE OF COMPLIANCE HEALTH FORM-PROFESSIONAL EDUCATION

Last Name	First Name	DOB
Program/School	Start Date	

Below you will find the CCH health requirements. All students must meet the requirements listed before starting a rotation at Stroger. Annual updates are required.

- **Tuberculosis Screening-** Initially you will need to provide the results of a *Interferon Gamma Release Assay* (often the Quantiferon- Gold is used) done within the last 3 months, and annually complete the *Tuberculosis Surveillance Questionnaire* (below).
- **Vaccinations:**
 - **Measles** - Documentation of 2 MMRs vaccines* or titers demonstrating immunity to measles
 - **Rubella** - Documentation of 1 MMR vaccine* or titers demonstrating immunity to rubella
 - **Mumps** - Documentation of 2 MMR vaccines* or titers (immunity is not mandated)
 - **Varicella** - Documentation of 2 Varicella vaccines* or titers (immunity is not mandated)
 - **Hepatitis B** – Documentation of series of 3 vaccines*, include Hepatitis B surface antibody titer if available (required if vaccination done outside the U.S.)
 - **Influenza** -Documentation of vaccination required for personnel here Oct. –March
 - **COVID Vaccine-** (Complete COVID vaccination required within 2 weeks of your start date).

*Applies to vaccines administered in the U.S.

(For CCH Staff only)

- | | | | |
|---------------------------------------|----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> TB Screening | <input type="checkbox"/> Measles | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicella | <input type="checkbox"/> COVID |

COVID Attestation



Rotator

Name:

Institution:

Rotation:

Date:

I agree to produce proof of appropriate COVID vaccination before the start of my rotation and to complete an online symptom checker daily or have my temperature taken when I enter the CCH facilities. In addition, I will adhere to all of the critical CCH protections such as 4 per elevator car, mask wearing (even in the non-patient care areas), protective eye wear when seeing patients and appropriate social distancing with the understanding there will be "zero tolerance". I understand that if I am not compliant with these safeguards, I may be dismissed from the rotation.

COVID Behavior	Rotator Initials	Coordinator Initials	CCH Staff Initials
Must wear a mask and practice social distancing at all times			
Must wear eye protection (and a mask) when seeing pts. whose COVID status is unknown			
Must observe the CCH 4-person limit on the elevators			
Must complete a symptom checker daily			
Must produce proof of appropriate COVID vaccination			

Together We Are Stronger...

We must take care of our patients and each other as that is how we can get to the other side of the pandemic. Please support each other and let the CCH Professional Education office know if there is anything you need. Stay safe!

HIPAA/FIRE/SAFETY ACKNOWLEDGEMENT AND AGREEMENT FORM

AGREEMENT FOR _____
(ROTATION/CLINICAL PROGRAM)

I, _____
(FIRST NAME / LAST NAME)

A, _____ STUDENT AT _____
(TYPE OF STUDENT) (INSTITUTION)

Upon approval by the department, I hereby agree to accept the position of student at Cook County Health location for the period starting _____ and ending _____.

I hereby agree to return by ID Badge to the Department of Medical Education and, if relevant, library books, at the end of my rotation. I further agree to abide by the rules and regulations of Cook County Health & Hospitals System while here on my rotation.

I affirm that I have received basic HIPAA training at my home institution.

Initial Here

I affirm that I have received basic fire safety training at my home institution.

Initial Here

I affirm that I reviewed, and agree to abide by the HIPAA and fire safety Materials provided to me by the Department of Medical Administration.

Initial Here

If I have a blood-borne pathogens exposure, I agree that it is my responsibility to report it to my clinical supervisor, and immediately report to Stroger's employee Health Service (*EHS 3rd Floor, Administration Building, 7:30 am – 4:00 pm*) or if after hours, to the Emergency Room. If EHS is closed at the time of exposure, I agree to report to EHS the following business today.

Initial Here

Signature: _____ Date: _____

Current Address: _____

Current Phone Number: _____



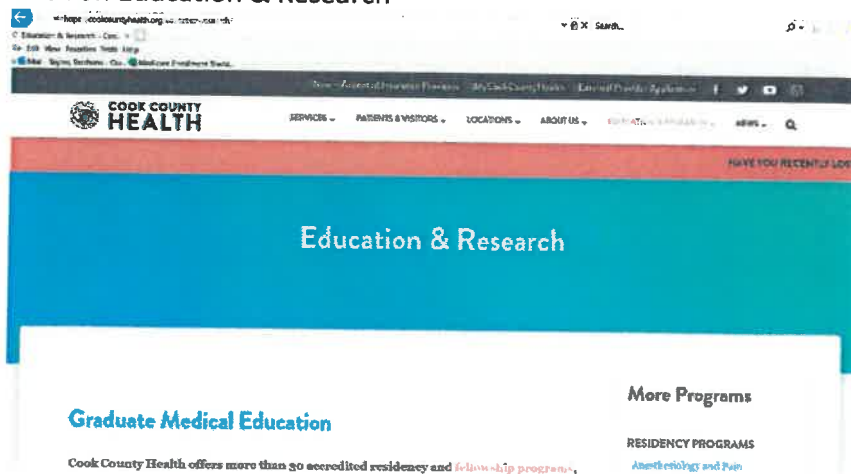
Educational Modules

Greetings from Cook County Health Department of Professional Education. Below you will find instructions on how to complete the required annual training modules.

1. Go to www.cookcountyhealth.org



2. Click on Education & Research



3. Scroll down to Education Modules and complete the 3 modules that are listed:

- Hand Hygiene
- Infection Control
- Student Orientation.

Education Modules

In order to participate in rotations at Cook County Hospital, you must be familiar with some very important issues that may differ slightly from your home institution. The link below will bring you to educational modules on Infection Control, Handwashing and a brief orientation to the hospital that includes topics such as Patient Identifiers, Fire Safety and Pain Control for Patients. Completion of these modules is required prior to beginning a rotation at Stroger.

Click & review each of the appropriate modules below:

- [Hand Hygiene Education](#)
- [Infection Control Module](#)
- [Resident and Student Orientation Module](#)

Please Note:

-Student Orientation Module: Please complete the quiz and provide your test results as proof of completion. A passing score 150/150= 100%.

<https://cookcountyhealth.org/education-research/>

Hand Hygiene: Please complete the training module and take a screenshot of the final slide as proof of completion.

-Infection Control Module: Please complete the training module. At the end, you will receive a confirmation email. The confirmation email will be requested as proof of completion.

If you have any questions or experience technical issues, please contact:

Rita Coleman rcoleman@cookcountyhhs.org &

Taschana Taylor taschanataylor@cookcountyhhs.org for assistance.

Thank you,

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