

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION: #0774/DEPUTY DIRECTOR OF EMERGENCY MANAGEMENT**  
**DEPARTMENT: DEPARTMENT OF EMERGENCY MANAGEMENT**  
**PHYSICAL DEMAND STRENGTH RATING: SEDENTARY/LIGHT**

**DATE COMPLETED: October 2023**  
**DIVISION: ADMINISTRATION/MANAGEMENT**

**INSTRUCTIONS TO MEDICAL PROVIDERS COMPLETING THIS FORM:**

*Please use the "Medical Provider Use Only" columns to the right of each section and the "Medical Provider's Comments & Signature" Section on the signature page to provide work restrictions by indicating whether the\*re is some portion of each function that the employee can perform; designating whether each restriction is temporary or permanent; and, if restriction is temporary, stipulating the expected duration of work restriction(s). To finalize the form, please provide the name of the employee evaluated and additional comments, as appropriate, then sign and date where indicated.*

**FREQUENCY RATING:**

| Frequency              | Percentage of time per shift | Repetition (# times per shift) | 8 Hr Shift | 9 Hr Shift | 10 Hr Shift | 12 Hr Shift |
|------------------------|------------------------------|--------------------------------|------------|------------|-------------|-------------|
| Never/Not Required (N) | n/a                          | n/a                            | n/a        | n/a        | n/a         | n/a         |
| Occasionally (O)       | 1 - 33%                      | 1 – 100                        | 0 - 2.5    | 0 - 3      | 0 - 3.5     | 0 – 4       |
| Frequently (F)         | 34 - 66%                     | 100 – 500                      | 2.5 - 5.5  | 3 - 6      | 3.5 - 7     | 4 – 8       |
| Continuously (C)       | 67 - 100%                    | 500+                           | 5.5 – 8    | 6 - 9      | 7 - 10      | 8 - 12      |

**PART 1 - JOB DUTIES/FUNCTIONS:**

| A. Job Duty/Function  | B. Job Duty # | C. Freq Rating | D. Equipment or tools used to perform (Describe) | E. Specialized Expertise, License, Certification Required? (Describe) | F. Essential or Non-Essential | Medical Provider Use Only: For each job duty/function, indicate in this column "Can Perform", is "Temporarily Restricted" from performing, or is "Permanently Restricted" from performing. |
|---|---------------|----------------|--|---|-------------------------------|--|
| While performing the following duties, employees in this position: assist in the overall direction of the Emergency Management Department, and in managing, planning, organizing, and coordinating a comprehensive range of emergency management programs and services; manages and directs department staff; provides support to the Director regarding department projects, policies, goals, and priorities; may act in the Director's absence; and performs related duties as required. Works in a typical office setting, sitting for long periods of time and routinely using office equipment such as computers, phones, photocopiers, fax machines, etc. |               |                |  |   |                               |  |

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|---|---------------|----------------|--|---|-------------------------------|--|
| Assists the Director in establishing and achieving department priorities, goals, and objectives; assists the Director in strategic and long-range planning; sets milestones and implements quantifiable measurements to measure success of projects.  | 1             | C              | Computer/phone                                   | Y (ICS)   | E                             |  |
| Oversees emergency management services and programs; monitors, reviews, and interprets changes in federal or state laws or regulations that impact the delivery of emergency management programs and/or services, and directs the implementation of changes to programs and services.   | 2             | C              | Computer/phone                                   | Y (ICS)   | E                             |  |
| Plans, organizes, coordinates, supervises, and evaluates the performance of professional and technical personnel engaged in assigned emergency management activities; ensures compliance with County rules and policies; prioritizes resources and assignments; directs, coaches, and guides staff.   | 3             | F              | Computer/phone                                   | Y (ICS)   | E                             |  |
| Provides guidance to department heads and departmental managers on emergency management matters and best practices; Communicates effectively and professionally: consults, collaborates with, and solicits the cooperation of community groups, County departments, and agencies in assessing, identifying, and analyzing program needs.  | 4             | F              | Computer/phone                                   | Y (ICS)   | E                             |  |
| Interviews, selects, and ensures appropriate training and supervision of assigned staff; establishes work priorities and performance standards; evaluates performance in support of the department's overall objectives; reviews performance related recommendations, including merit recommendations, made by subordinate managers; advises subordinate managers and supervisors on appropriate handling of employee performance issues; oversees the professional development of assigned managers and staff. | 5             | F              | Computer/phone                                   | N   | E                             |  |
| Participates in the development, and may oversee the preparation, of the department's annual budget and operational improvement plans; ensures appropriate allocation of resources; researches, analyzes, and advises the Director of specific costs and recommendations for programs and services.   | 6             | F              | Computer/phone                                   | N   | E                             |  |

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| Conducts high priority and complex work assignments, including: drafting and presenting reports and recommendations; analyzing programs and services to continually seek program and process improvements; conducting presentations and trainings.  | 7             | F              | Computer/phone                                   | N   | E                             |  |
| May present before the Board of Supervisors in person on behalf of the Director and Department.   | 8             | F              | Computer/Phone/Vehicle                           | Y (CA Class C Driver's License)                                       | E                             |  |
| Works with other County departments to advance the needs of the department and the County; serves on committees to represent the Department's needs; represents the Department to external stakeholders, including community based organizations, schools, and the public; and acts as a liaison with department heads, employees, the media, and the public. | 9             | F              | Computer/Phone                                   | N   | E                             |  |
| Participates in continuous training to maintain required licenses/certifications and to maintain and enhance knowledge and skills required for this position.   | 10            | O              | Computer/Phone                                   | Y (ICS)   | E                             |  |
| Communicates by phone, in person, or by email or other written format with departmental staff, members of the public, and local, state, and federal agencies to coordinate activities and provide detailed information regarding the status of emergency incidents.   | 11            | F              | Computer/Phone                                   | Y (ICS)   | E                             |  |
| Works long and irregular hours, including nights, weekends, and holidays during preparedness, response and recovery phases of emergency situations (e.g., floods, fires, earthquakes, public health incidents); may assist with moving supplies and resources at storage locations or the emergency operations center.  | 12            | O              | Compute/Phone/Vehicle                            | Y (ICS; CA Class C Driver's License)                                  | E                             |  |
| May serve as an on-call rotation Staff Duty Officer and may work long or irregular hours, including nights, weekends and holidays.  | 13            | O              | Computer/Phone/Vehicle                           | Y (ICS; CA Class C Driver's License)                                  | E                             |  |
| Coordinates preparedness and incident activations at the Emergency Operations Center.   | 14            | F              | Computer/Phone/Vehicle                           | Y (ICS; CA Class C Driver's License)                                  | E                             |  |
| Drives to various locations to attend meetings, seminars, and training classes.   | 15            | F              | Phone/Vehicle: GPS; Maps                         | Y (CA Class C Driver's License)                                       | E                             |  |

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|--|---------------|----------------|--|---|-------------------------------|--|
| May serve as Director of the County Emergency Operations Center to respond to after hour calls and during response and recovery phases of emergency situations (earthquakes, floods, fires, etc.).   | 16            | F              | Computer/Phone/<br>Vehicle   | Y (ICS; CA Class<br>C Driver's<br>License)                            | E                             |  |
| May be required to use Personal Protective Equipment (PPE) during site/field visits during or after a disaster, which may include: wet, muddy or slippery ground, post-fire burn scars with smoldering debris, downed trees, vegetation debris, rubble or building debris. | 17            | O              | Hard hat, work<br>gloves, N95 mask,<br>safety boots,<br>reflective jacket/vest,<br>raincoat, protective<br>goggles | N   | E                             |  |

**PART 2: PHYSICAL DEMANDS**

| Activity  | Examples of Duties/Functions Requiring Activity | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or<br>Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY:<br>Permanently<br>Restricted |
|---|---|--|---------------------------|---------------------------------------|--|
| 1 Sitting   | 1-17  | C  |                           |                                       |  |
| 2 Walking   | 4,7,8,9,10,11,12,13,<br>14,15,16,17             | F  |                           |                                       |  |
| 3 Running   | N/A   | N  |                           |                                       |  |
| 4 Standing  | 3,4,5,6,7,8,9,11,12,<br>13,14,15,16,17          | O  |                           |                                       |  |
| 5 Bending-Neck  | 1-17  | C  |                           |                                       |  |
| 6 Bending-Waist   | 1-17  | O  |                           |                                       |  |
| 7 Squatting (moving paper boxes, files, light emergency equipment & supplies) | 12,13,14,15,16,17                               | O  |                           |                                       |  |
| 8 Climbing (curbs, stairs)  | 12,13,14,15,16,17                               | O  |                           |                                       |  |
| 9 Kneeling (moving paper boxes, files, light emergency equipment & supplies)  | 12,13,14,15,16,17                               | O  |                           |                                       |  |
| 10 Crawling   | N/A   | N  |                           |                                       |  |
| 11 Twisting (neck)  | 1-17  | F  |                           |                                       |  |
| 12 Twisting (waist)   | 1-17  | O  |                           |                                       |  |
| 13 Repetitive Hand Use  | 1-17  | F  |                           |                                       |  |
| 14 Simple Grasping-Right Hand (grasping files, manuals)                       | 1-17  | F  |                           |                                       |  |
| 15 Simple Grasping-Left Hand (grasping files, manuals)                        | 1-17  | F  |                           |                                       |  |
| 16 Power Grasping-Right Hand  | 12,13,14,15,16,17                               | O  |                           |                                       |  |
| 17 Power Grasping-Left Hand   | 12,13,14,15,16,17                               | O  |                           |                                       |  |
| 18 Fine Manipulation-Right Hand (signing documents, taking manual notes)      | 1-17  | F  |                           |                                       |  |
| 19 Fine Manipulation-Left Hand (signing documents, taking manual notes)       | 1-17  | F  |                           |                                       |  |
| 20 Pushing and Pulling (right hand) (doors, file cabinets, drawers)           | 8,12,13,14,15,16,17                             | O  |                           |                                       |  |
| 21 Pushing and Pulling (left hand) (doors, file cabinets, drawers)            | 8,12,13,14,15,16,17                             | O  |                           |                                       |  |
| 22 Reaching (above shoulder level)  | 12,13,14,16,17                                  | O  |                           |                                       |  |
| 23 Reaching (below shoulder level)  | 12,13,14,16,17                                  | O  |                           |                                       |  |
| 24 Lifting-up to 10 lbs. (files, boxes, manuals, etc.)                        | 8,12,13,14,15,16,17                             | F  |                           |                                       |  |
| 25 Lifting-11-25 lbs. (light emergency equipment)                             | 12,13,14,16,17                                  | O  |                           |                                       |  |
| 26 Lifting-26-50 lbs.   | 12,13,14  | O  |                           |                                       |  |
| 27 Lifting 51-75 lbs.   | N/A   | N  |                           |                                       |  |
| 28 Lifting 76-100 lbs.  | N/A   | N  |                           |                                       |  |
| 29 Lifting 100 + lbs.   | N/A   | N  |                           |                                       |  |
| 30 Carrying 0-10 lbs. (files, boxes, manuals, etc.)                           | 8,12,13,14,16,17                                | O  |                           |                                       |  |
| 31 Carrying 11-25 lbs. (light emergency equipment)                            | 12,13,14,16,17                                  | O  |                           |                                       |  |
| 32 Carrying 26-50 lbs.  | 12,13,14  | O  |                           |                                       |  |
| 33 Carrying 51-75 lbs.  | N/A   | N  |                           |                                       |  |
| 34 Carrying 76-100 lbs.   | N/A   | N  |                           |                                       |  |

**PART 3: SENSORY REQUIREMENTS**

| Activity                                       | Examples of Duties/Functions Requiring Activity | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|--|---|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Functional vision, normal or corrected       | 1-17  | C   |                           |                                       |                                       |
| 2 Functional color vision, normal or corrected | N/A   | N   |                           |                                       |                                       |
| 3 Functional night vision, normal or corrected | 8,12,13,14,15,16,17                             | O   |                           |                                       |                                       |
| 4 Functional hearing, normal or corrected      | 1-17  | C   |                           |                                       |                                       |
| 5 A sense of smell or taste                    | N/A   | N   |                           |                                       |                                       |

**PART 4: COMPREHENSION LEVEL**

| Activity                            | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|-------------------------------------|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Follow Oral Instructions          | F   |                           |                                       |                                       |
| 2 Follow Written Instructions       | F   |                           |                                       |                                       |
| 3 Required to sustain concentration | F   |                           |                                       |                                       |

**PART 5: NATURE OF TASKS**

| Activity  | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|---|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Follow set procedures   | F   |                           |                                       |                                       |
| 2 Organize own work   | F   |                           |                                       |                                       |
| 3 Able to ask questions or request assistance when needed                   | O   |                           |                                       |                                       |
| 4 Required to make decisions independently                                  | F   |                           |                                       |                                       |
| 5 Required to train and/or lead other staff                                 | O   |                           |                                       |                                       |
| 6 Required to direct other staff (e.g. planning, goal setting, performance) | F   |                           |                                       |                                       |

**PART 6: WORK PACE**

| Activity   | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|--|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Tightly scheduled and rapid pace of work activities at high volume | F   |                           |                                       |                                       |
| 2 Meet time sensitive deadlines                                      | F   |                           |                                       |                                       |
| 3 Long and/or irregular hours  | O   |                           |                                       |                                       |
| 4 Limited/unpredictable opportunity for breaks                       | O   |                           |                                       |                                       |
| 5 Required to perform on-call or emergency work                      | O   |                           |                                       |                                       |

**PART 7: COMPLEXITY/VARIABILITY**

| Activity   | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|--|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Variable and unpredictable workflow  | F   |                           |                                       |                                       |
| 2 Attention divided by issues requiring multi-tasking                          | F   |                           |                                       |                                       |
| 3 Work requires precise attention to detail                                    | C   |                           |                                       |                                       |
| 4 Use of judgment in routine matters   | F   |                           |                                       |                                       |
| 5 Requires use of judgment in adapting procedures from one task to another     | F   |                           |                                       |                                       |
| 6 Possible legal ramifications associated with work activities or work product | F   |                           |                                       |                                       |

**PART 8: INTERACTIONS WITH OTHERS**

| Activity   | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|--|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Works with others (e.g., co-workers, other departments/agencies, public)               | C   |                           |                                       |                                       |
| 2 Interactions limited to giving/receiving information                                   | F   |                           |                                       |                                       |
| 3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies) | F   |                           |                                       |                                       |
| 4 Interactions occur under circumstances of emotional stress                             | O   |                           |                                       |                                       |
| 5 Risk of confrontation with violent or assaultive clients or customers                  | O   |                           |                                       |                                       |

**PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:**

| Activity  | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|---|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Work Inside   | C   |                           |                                       |                                       |
| 2 Work Outside  | O   |                           |                                       |                                       |
| 3 Extreme Heat (above 100 degrees)  | O   |                           |                                       |                                       |
| 4 Extreme Cold (below 32 degrees)   | O   |                           |                                       |                                       |
| 5 Excessive Noise (must raise voice to be heard)  | O   |                           |                                       |                                       |
| 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)                           | N   |                           |                                       |                                       |
| 7 Dust, Vapors, Fumes, Smoke  | O   |                           |                                       |                                       |
| 8 Silica, asbestos, etc.  | O   |                           |                                       |                                       |
| 9 Solvents (e.g., gas, turpentine, etc.)  | O   |                           |                                       |                                       |
| 10 Grease, oils   | N   |                           |                                       |                                       |
| 11 Acidic, Caustic Solutions  | N   |                           |                                       |                                       |
| 12 Pesticides   | N   |                           |                                       |                                       |
| 13 Explosives (e.g., dynamite, bomb, etc.)  | N   |                           |                                       |                                       |
| 14 Cleaning supplies, abrasives   | O   |                           |                                       |                                       |
| 15 Other Chemicals (e.g. drugs and other contraband)                                    | N   |                           |                                       |                                       |
| 16 Human Blood, Body Tissues, or Fluids   | N   |                           |                                       |                                       |
| 17 Human Wastes   | N   |                           |                                       |                                       |
| 18 Animal Blood, Body Tissues, or Fluids  | N   |                           |                                       |                                       |
| 19 Animal Wastes  | N   |                           |                                       |                                       |
| 20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)                      | N   |                           |                                       |                                       |
| 21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)                                 | O   |                           |                                       |                                       |
| 22 Biomedical Waste   | N   |                           |                                       |                                       |
| 23 Ionizing Radiation   | N   |                           |                                       |                                       |
| 24 Non-Ionizing Radiation   | N   |                           |                                       |                                       |
| 25 Electrical Energy  | N   |                           |                                       |                                       |
| 26 Walking on uneven, slippery, or rough surfaces                                       | O   |                           |                                       |                                       |
| 27 Proximity to moving mechanical parts (e.g., equipment, machinery)                    | N   |                           |                                       |                                       |
| 28 Proximity to moving vehicles or objects  | O   |                           |                                       |                                       |
| 29 Heights (e.g., rooftop, ladders, scaffolding, etc.)                                  | O   |                           |                                       |                                       |
| 30 Contact with water, other liquids, humid conditions - not weather related            | N   |                           |                                       |                                       |
| 31 Work Below Ground: (e.g., excavation, trench, etc.)                                  | N   |                           |                                       |                                       |
| 32 Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections) | N   |                           |                                       |                                       |
| 33 Operates non-commercial motor vehicles (cars, trucks)                                | O   |                           |                                       |                                       |
| 34 Operates commercial vehicles – CDL Class _____ Endorsements _____                    | N   |                           |                                       |                                       |
| 35 Operates passenger van to transport clients, inmates, etc.                           | O   |                           |                                       |                                       |
| 36 Pulls non-commercial trailers or equipment   | O   |                           |                                       |                                       |
| 37 Operates heavy equipment   | N   |                           |                                       |                                       |
| 38 Other:   |   |                           |                                       |                                       |

**PART 10: MEDICAL SCREENING, SURVEILLANCE AND VACCINATION REQUIREMENTS: NOT APPLICABLE**

Please check each of the medical screening, surveillance, and vaccination requirements that apply to the position, and indicate if the requirement applies pre-employment/pre-placement only, or whether there are additional requirements after hire.

| Medical Screening, Surveillance or Vaccination     | Pre-Hire | Post-Hire | Frequency (one time, annual, etc.) |
|--|----------|-----------|------------------------------------|
| 1 Audiometric Testing                              |          |           |                                    |
| 2 DOT Commercial Driver Drug and Alcohol Screening |          |           |                                    |
| 3 DOT Commercial Driver Physical Exam              |          |           |                                    |
| 4 Respirator Physical Exam                         |          |           |                                    |
| 5 Respirator Questionnaire – Short                 |          |           |                                    |
| 6 Respirator Questionnaire – Standard              | X        |           | Pre-hire; Annual                   |
| 7 Blood lead level                                 |          |           |                                    |
| 8 Hazardous Waste/Emergency Worker physical        |          |           |                                    |
| 9 Heavy metal screen (mercury, lead, arsenic)      |          |           |                                    |
| 10 HINT Hearing Noise Sensitivity Testing          |          |           |                                    |
| 11 Tuberculosis skin test                          |          |           |                                    |
| 12 Vaccine: MMR                                    |          |           |                                    |
| 13 Vaccine: Hepatitis B                            |          |           |                                    |
| 14 Vaccine: Influenza                              |          |           |                                    |
| 15 Vaccine: Meningococcal                          |          |           |                                    |
| 16 Vaccine: Pneumococcal                           |          |           |                                    |
| 17 Vaccine: Rabies                                 |          |           |                                    |
| 18 Vaccine: Rabies Titer                           |          |           |                                    |
| 19 Vaccine: Tdap                                   |          |           |                                    |
| 20 Vaccine: Chickenpox                             |          |           |                                    |

**PART 11: ADDITIONAL INFORMATION, PICTURES, ETC. – NOT APPLICABLE**