COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Risk Management Analyst I/II DEPARTMENT: Human Resources PHYSICAL DEMAND STRENGTH RATING: Light/Sedentary

DATE COMPLETED: 1/12/2022 DIVISION: Risk-Disability 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 there 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			D. Equipment or tools used to perform (Describe)	E. Specialized Expertise, License, Certification Required? (Describe)	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 work in a typical office setting, sitting for long periods of time and routinely using office equipment such as computers, phones, photocopiers, fax machines, etc.		С	Computer, phone, and general office equipment		Essential	
Reduce risk of legal action against the County by providing leave case management oversight, including analyzing cases and providing guidance to department management and leadership regarding employees leaves of absence to ensure compliance with federal and state laws, County policies and procedures, negotiated union contracts, best practices, Salary Resolution, and any other pertinent local or Board orders.	2	С	Computer, phone, and general office equipment	Expected to complete Disability Management certification program, typically within first year.	Essential	
Maintain accurate case management documentation and records in the designated claim management system to ensure a full and complete record and accurate data.	3	С	Computer, phone, and general office equipment		Essential	

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A. Job Duty/Function	B. Job	C. Freq	D. Equipment or	E. Specialized	F. Essential or	Medical Provider Use Only: For
			tools used to perform (Describe)	Expertise, License, Certification Required? (Describe)		each job duty/function, indicate in this column "Can Perform", is "Temporarily Restricted" from performing, or is "Permanently Restricted" from performing.
Manage and execute projects related to the County's Disability Management, Risk Management, and other Human Resources initiatives, as assigned.	4	0	Computer, phone, and general office equipment		Essential	
Communicate professionally orally and in writing, and in-person (including virtually) with vendors, claimants, legal counsel, County department staff and leadership, employees, union representatives, and all stakeholders and customers.	5	F	Computer, phone, and general office equipment		Essential	
Coordinate, prepare, lead and attend meetings, in-person and virtually, with vendors, claimants, legal counsel, County department staff and leadership, employees, union representatives, and all stakeholders and customers on Disability Management related issues. Lead IAP meetings as needed.	6	F	Computer, phone, and general office equipment; may need to drive to meeting site		Essential	
Identifies training needs and develops and delivers training and presentations (both in-person and virtually) to groups as needed.	7	0	Computer, phone, and general office equipment; may need to drive to meeting site		Essential	
Collaborates with and maintains effective working relationships with co-workers, department managers and supervisors, third party administrators, county employees, and other stakeholders. Solicits input and participation from stakeholders; remains calm and professional when dealing with emotional situations.	8	С	Computer, phone, and general office equipment; may need to drive to meeting site		Essential	
Write and edit clear communications, including but limited to: IAP meeting recaps, summaries of research and recommendations, medical questionnaires, communications out to departments and employees on DM related issues, Board items, and Requests for Proposals. Writes, reviews, and/or revises county disability management policies and updates materials, letters, and contract language as directed.		С	Computer, phone, and general office equipment		Essential	
Participates in training, research, study, and reading, both on and off-site, to keep current on relevant laws and regulations, case law, administrative regulations, etc. and to maintain and enhance required knowledge, skills, and abilities.		ο	Computer, phone, and general office equipment; may need to drive/travel to trainings		Essential	

PART 2: PHYSICAL DEMANDS

	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY:
Activity	Duties/Functions	Never, Occasional;	Can	Temporarily	Permanently
4. 6141	Requiring Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Sitting	1-10	C			
2 Walking	6,7,10	0	-		
3 Running	NA	N			
4 Standing	6,7,10	0			
5 Bending-Neck	1-10	F			
6 Bending-Waist (e.g. lower file drawers)	1-10	0			
7 Squatting	NA	Ν			
8 Climbing (stairs, in/out of car)	6,7,10	0			
9 Kneeling	NA	N			
10 Crawling	NA	N			
11 Twisting (neck)	1-10	F			
12 Twisting (waist)	1-10	F			
13 Repetitive Hand Use	1-10	С			
14 Simple Grasping-Right Hand	1-10	0			
15 Simple Grasping-Left Hand	1-10	0			
16 Power Grasping-Right Hand (e.g. lifting boxes,	NA				
files, etc.)	NA	N			
17 Power Grasping-Left Hand (e.g. lifting boxes,	NA	Ν			
files, etc.)		1			
18 Fine Manipulation-Right Hand (e.g. using	1-10	С			
paperclips, stapling, typing, mousing) 19 Fine Manipulation-Left Hand (e.g. using		-			
paperclips, stapling, typing, mousing)	1-10	С			
20 Pushing and Pulling (right hand) (e.g. file	1.10	2			
drawers, doors)	1-10	0			
21 Pushing and Pulling (left hand) (e.g. file	1-10	0			
drawers, doors) 22 Reaching (above shoulder level) (e.g. overhead		-			
storage cabinets, writing on a whiteboard)	1-10	0			
23 Reaching (below shoulder level) (e.g. reaching	1-10	0			
across a table, accessing a low file drawer)		0			
24 Lifting-up to 10 lbs. (taking laptop to meetings, carrying files)	1-10	0			
25 Lifting-11-25 lbs.	NA	N			
26 Lifting-26-50 lbs.	NA	N			
27 Lifting 51-75 lbs.	NA	N			
28 Lifting 76-100 lbs.	NA	N			
29 Lifting 100 + lbs.	NA	N			
30 Carrying 0-10 lbs.	1-10	0			
31 Carrying 11-25 lbs.	NA	N			
32 Carrying 26-50 lbs.	NA	N			
33 Carrying 51-75 lbs.	NA	N			
34 Carrying 76-100 lbs.	NA	Ν			

PART 3: SENSORY REQUIREMENTS

	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Duties/Functions	Never, Occasional;	Can	Temporarily	Permanently
Activity	Requiring Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Functional vision, normal or corrected		С			
2 Functional color vision, normal or corrected		Ν			
3 Functional night vision, normal or corrected		Ν			
4 Functional hearing, normal or corrected		F			

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	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Duties/Functions	Never, Occasional;	Can	Temporarily	Permanently
Activity	Requiring Activity	Frequent, or Constant	Perform	Restricted	Restricted
5 A sense of smell or taste		N			
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PART 4: COMPREHENSION LEVEL

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

PART 5: NATURE OF TASKS

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

PART 6: WORK PACE

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Tightly scheduled and rapid pace of work activities at	С			
high volume				
2 Meet time sensitive deadlines	F			
3 Long and/or irregular hours	0			
4 Limited/unpredictable opportunity for breaks	0			
5 Required to perform on-call or emergency work	Ν			

PART 7: COMPLEXITY/VARIABILITY

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	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	C			
5 Requires use of judgment in adapting procedures from one	С			
task to another				
6 Possible legal ramifications associated with work activities	F			
or work product				

PART 8: INTERACTIONS WITH OTHERS

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Works with others (e.g., co-workers, other	С			
departments/agencies, public)				
2 Interactions limited to giving/receiving information	0			
3 Interactions exceed giving/receiving information (e.g.,	C			
advises, persuades, justifies)				
4 Interactions occur under circumstances of emotional stress	0			
5 Risk of confrontation with violent or assaultive clients or	0			

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	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
customers				

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
A ativity	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Work Inside 2 Work Outside	C			
	N			
3 Extreme Heat (above 100 degrees)	N			
4 Extreme Cold (below 32 degrees)	N			
5 Excessive Noise (must raise voice to be heard)	N			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	N			
7 Dust, Vapors, Fumes, Smoke	N			
8 Silica, asbestos, etc.	N			
9 Solvents (e.g., gas, turpentine, etc.)	N			
10 Grease, oils	N			
11 Acidic, Caustic Solutions	N			
12 Pesticides	N			
13 Explosives (e.g., dynamite, bomb, etc.)	N			
14 Cleaning supplies, abrasives	N			
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.)	N			
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	0			
27 Proximity to moving mechanical parts (e.g., equipment,	N			
machinery)				
28 Proximity to moving vehicles or objects	N			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
30 Contact with water, other liquids, humid conditions - not	N			
weather related				
31 Work Below Ground: (e.g., excavation, trench, etc.)	N			
32 Potential exposure to airborne infectious diseases (e.g. clinics,	N			
labs, corrections)				
33 Operates non-commercial motor vehicles (cars, trucks)	0			
34 Operates commercial vehicles – CDL	N			
Class Endorsements				
35 Operates passenger van to transport clients, inmates, etc.	N			
36 Pulls non-commercial trailers or equipment	N			
37 Operates heavy equipment	N			
38 Other:	NA			

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

PART 10: MEDICAL SCREENING, SURVEILLANCE AND VACCINATION REQUIREMENTS:

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.

			Frequency (one time,
Medical Screening, Surveillance or Vaccination	Pre-Hire	Post-Hire	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			
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			

No requirements.

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC. None.

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