

COUNTY OF SONOMA – COMMUNITY HEALTH WORKER SPECIALIST

JOB CLASSIFICATION: Community Health Worker Specialist
DEPARTMENT: DHS/PH
PHYSICAL DEMAND STRENGTH RATING: Light

DATE COMPLETED: September 2019
DIVISION: Public Health

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 work in a typical office setting, in the field, and/or in a classroom setting, sitting for long periods of time and routinely using office equipment such as computers, phones, photocopiers, fax machines, etc.; maintain a calm and professional demeanor while working with emotionally distressed clients; work in the presence of children who may be disruptive.						
Using motivational interviewing techniques, counsels pregnant and breastfeeding mothers to help them avoid common breastfeeding problems, in person and by phone.	1			California Department of Public Health Nutrition Assistant Certification		

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.
Collects and assesses medical, nutritional, personal, and financial information; determines WIC eligibility under CDPH guidelines; refers clients to public health programs according to established protocols. Enrolls and recertifies clients into program; reads, understands, and applies policies to correctly provide services; takes; maintains a calm and professional demeanor.	2	C	Computer, Telephone, Office Equipment		Essential	
Maintains confidentiality of employee, applicant, and participant information in accordance with the State Program Compliance Monitoring Policy and Procedure; prevents the unauthorized disclosure of information; discloses information in accordance with policy; maintains records in accordance with policy; immediately reports any loss of documents containing WIC employee, applicant, or participant confidential information, any suspected breach of security, or in the event of unintentional disclosure of confidential information.	3		Computer			
Communicates with clients, in person, by phone, or by email; provides information about how to use the health and social service programs; makes referrals to other programs; provides appropriate education; explains and interprets regulations; schedules appointments; greets and checks in clients.	4	C	Computer, Telephone, Office Equipment		Essential	
Conducts community health education and training presentations; stands while presenting information; presents information orally and through visual aids, such as power point, white boards, etc.	5	C	Computer, laser pointer, Telephone, Office Equipment	California Department of Public Health Nutrition Assistant Certification	Essential	
Enters client information into computer system, simultaneously during interview; ensures documents are processed and updated within specific time limits established by the department checks data boxes in computer in response to answers from clients; enters case notes.	6		Computer			
Provides basic breastfeeding information and support to pregnant and breastfeeding mothers; teaches use, cleaning and assembly of breast pumps in addition to expression and storage of human milk; completes breastfeeding review to help client's meet breastfeeding goals.	7	F	Computer, Telephone, Office Equipment, Breast Pump	California Department of Public Health Nutrition Assistant Certification	Essential	

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.
Obtains height and weight measurements; directs clients to step on scale, or places babies on scale; squats while measuring heights of small children; measures hemoglobin utilizing hemoglobin finger monitor; inputs data into computer database.	8	C	Computer, Telephone, Office Equipment, Scale, Hemoglobin finger monitor		Essential	
Issues WIC benefits cards, following security protocols; maintains records.	9					
Participate in outreach activities, such as Community Health Fairs; lifts, gathers, carries, loads, and transports outreach materials weighing up to xx pounds; arranges and sets up booths, tables, chairs, and E-Z UP Canopy; drives to off-site events.	10	O	Table, Chair, Vehicle	CA Driver's License	Essential	
Maintain clean classroom; puts supplies away; cleans and disinfects chairs, and other surfaces; surfaces, sweeps floors, sanitizes breast pumps after client use.	11	O	Broom, Cleaning Supplies		Non-Essential	
Peer Counselor assignment only:						
Manages caseload of clients under the supervision of the International Board Certified Lactation Consultant (LBCLC) maintains regular contact with clients by phone to counsels pregnant and breastfeeding mothers to help them avoid common breastfeeding problems; establishes a peer relationship with clients.	12		Computer, Telephone	Peer Counselor training	Essential	

PART 2: PHYSICAL DEMANDS

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY: Permanently Restricted
1 Sitting	1-12	C			
2 Walking	2,4,5,8,10,11	O			
3 Running	N/A	N			
4 Standing	4, 5, 8, 10, 11	F			
5 Bending-Neck	1-12	F			
6 Bending-Waist	1-12	F			
7 Squatting	8,11	O			
8 Climbing	N/A	N			
9 Kneeling	N/A	N			
10 Crawling	N/A	N			
11 Twisting (neck)	1-12	O			
12 Twisting (waist)	1-12	O			
13 Repetitive Hand Use	1,6,11	O			
14 Simple Grasping-Right Hand	1-12	O			
15 Simple Grasping-Left Hand	1-12	O			
16 Power Grasping-Right Hand	N/A	N			
17 Power Grasping-Left Hand	N/A	N			
18 Fine Manipulation-Right Hand	6,8	O			
19 Fine Manipulation-Left Hand	6,8	O			
20 Pushing and Pulling (right hand) – opening and closing doors, drawers, and cabinets	1-12	O			
21 Pushing and Pulling (left hand) – opening and closing doors, drawers, and cabinets	1-12	O			
22 Reaching (above shoulder level) – reaching for supplies in upper cabinets/shelves	1-12	O			
23 Reaching (below shoulder level) - reaching for supplies in lower cabinets/shelves	1-12	F			
24 Lifting-up to 10 lbs.	1-12	F			
25 Lifting-11-25 lbs.	N/A	N			
26 Lifting-26-50 lbs.	N/A	N			
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.	1-12	F			
31 Carrying 11-25 lbs.	N/A	N			
32 Carrying 26-50 lbs.	N/A	N			
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 Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Functional vision, normal or corrected	1-12	C			
2 Functional color vision, normal or corrected	N/A	N			
3 Functional night vision, normal or corrected	N/A	N			
4 Functional hearing, normal or corrected	1-12	C			
5 A sense of smell or taste	N/A	N			

PART 4: COMPREHENSION LEVEL

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

PART 5: NATURE OF TASKS

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

PART 6: WORK PACE

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

PART 7: COMPLEXITY/VARIABILITY

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Variable and unpredictable workflow	F			
2 Attention divided by issues requiring multi-tasking	F			
3 Work requires precise attention to detail	F			
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	C			

PART 8: INTERACTIONS WITH OTHERS

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

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Work Inside	C			
2 Work Outside	O			
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	O			
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	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.)	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	N			
27 Proximity to moving mechanical parts (e.g., equipment, machinery)	N			
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 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)	O			
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.	N			
36 Pulls non-commercial trailers or equipment	N			
37 Operates heavy equipment	N			
38 Other:				

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.

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			
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	X	X	Yearly
12 Vaccine: MMR	X		
13 Vaccine: Hepatitis B	X		
14 Vaccine: Influenza	X	X	Yearly
15 Vaccine: Meningococcal			
16 Vaccine: Pneumococcal			
17 Vaccine: Rabies			
18 Vaccine: Rabies Titer			
19 Vaccine: Tdap	X		
20 Vaccine: Chickenpox	X		

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.

PART 12 – FORM REVIEW AND SIGNATURES

OCCUPATIONAL HEALTH CONSULTANTS

Name: _____ Title: _____

Signature: _____ Date: _____

SUPERVISOR/SECTION MANAGER

Name: _____ Title: _____

Signature: _____ Date: _____

HUMAN RESOURCES RECRUITMENT AND CLASSIFICATION

Name: _____ Title: _____

Signature: _____ Date: _____

HUMAN RESOURCES SAFETY UNIT

Name: _____ Title: _____

Signature: _____ Date: _____

HUMAN RESOURCES DISABILITY MANAGEMENT

Name: _____ Title: _____

Signature: _____ Date: _____

PART 13 – MEDICAL PROVIDER REVIEW AND COMMENTS

Employee Name: _____ Date of Evaluation: _____

COMMENTS: _____

Provider Signature: _____ Date: _____