COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Nursing Services Director – Public Health, CST Dir of PH Nursing, #2575 DATE COMPLETED: 12/4/18

DEPARTMENT: DHS DIVISION: PH

PHYSICAL DEMAND STRENGTH RATING: Light

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	C. Freq	D. Equipment or	E. Specialized	F. Essential or	Medical Provider Use Only: For
	Duty	Rating	tools used to	Expertise, License,	Non- Essential	each job duty/function, indicate
	#		perform (Describe)	Certification Required?		in this column "Can Perform", is
				(Describe)		"Temporarily Restricted" from
						performing, or is "Permanently
						Restricted" from performing.
While performing the following duties, employees in this position						
are at a desk.						
Provides direction, both orally and in writing, to subordinate	1	С	Computer,	PHN Certificate	Essential	
supervisors and staff to ensure goals are met; plans, organizes,			Telephone			
and assigns work; evaluates, reviews, and monitors activity of						
staff, both formally and informally, in writing and in person; takes						
appropriate disciplinary action in conjunction with Human						
Resources staff; participates in hiring interviews and decisions;						
utilizes appropriate discretion and assures compliance with						
County policy and federal and state laws in matters of employee						
relations, EEO, and ADA.						
Represents the County and speaks before public bodies,	2	0	Vehicle	CA DL	Essential	
organizations, committees, and the public on matters pertaining						
to agency initiatives, projects, programs, and activities; drives						
vehicle to off-site meetings						

F. Essential or Non- Essential each job duty/function, in this column "Can Performence" performing, or is "Permai Restricted" from performe	ndicate orm", is ' from nently
in this column "Can Perfo "Temporarily Restricted" performing, or is "Perman Restricted" from perform	orm", is ' from nently
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PART 2: PHYSICAL DEMANDS

	Examples of	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY:
Activity	Duties/Functions	Never, Occasional;	Can	Temporarily	Permanently
1 Sitting	Requiring Activity 1-7	Frequent, or Constant C	Perform	Restricted	Restricted
2 Walking	1,3,4,5,7	0			
3 Running	1,3,4,3,7	N			
4 Standing	1-7	0			
5 Bending-Neck	1-7	0			
6 Bending-Waist	1-7	0			
7 Squatting	1-/				
		N			
8 Climbing		N			
9 Kneeling		N			
10 Crawling	4 7	N			
11 Twisting (neck)	1-7	0			
12 Twisting (waist)	1-7	0			
13 Repetitive Hand Use	1.3.4.5.6.7	0			
14 Simple Grasping-Right Hand	1-7	0			
15 Simple Grasping-Left Hand	1-7	0			
16 Power Grasping-Right Hand		N			
17 Power Grasping-Left Hand		N			
18 Fine Manipulation-Right Hand		N			
19 Fine Manipulation-Left Hand		N			
20 Pushing and Pulling (right hand)	1-7	0			
21 Pushing and Pulling (left hand)	1-7	0			
22 Reaching (above shoulder level)	1,3	0			
23 Reaching (below shoulder level)	1,3	0			
24 Lifting-up to 10 lbs.	1-7	F			
25 Lifting-11-25 lbs.	1-7	0			
26 Lifting-26-50 lbs.		N			
27 Lifting 51-75 lbs.		N			
28 Lifting 76-100 lbs.		N			
29 Lifting 100 + lbs.		N			
30 Carrying 0-10 lbs.	1-7	0			
31 Carrying 11-25 lbs.	1,3	0			
32 Carrying 26-50 lbs.		N			
33 Carrying 51-75 lbs.		N			
34 Carrying 76-100 lbs.		N			

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	1-7	С			
2 Functional color vision, normal or corrected	2,3	0			
3 Functional night vision, normal or corrected		N			
4 Functional hearing, normal or corrected	1-7	С			
5 A sense of smell or taste		N			

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	С			
2 Follow Written Instructions	С			
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	С			
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	С			
6 Required to direct other staff (e.g. planning, goal setting,	С			
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	0			
high volume				
2 Meet time sensitive deadlines	F			
3 Long and/or irregular hours	0			
4 Limited/unpredictable opportunity for breaks	N			
5 Required to perform on-call or emergency work	0			

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	0			
2 Attention divided by issues requiring multi-tasking	С			
3 Work requires precise attention to detail	С			
4 Use of judgment in routine matters	С			
5 Requires use of judgment in adapting procedures from one	С			
task to another				
6 Possible legal ramifications associated with work activities	С			
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.,	С			
advises, persuades, justifies)				
4 Interactions occur under circumstances of emotional stress	0			
5 Risk of confrontation with violent or assaultive clients or	N			
customers				

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

ART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
	Never, Occasional;	Can	Temporarily	Permanently
Activity	Frequent, or Constant	Perform	Restricted	Restricted
1 Work Inside	C			
2 Work Outside	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-lonizing 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,	0			
labs, corrections)				
33 Operates non-commercial motor vehicles (cars, trucks)	0			
34 Operates commercial vehicles – CDL	N			
Class Endorsements	IN			
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.

·			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	Х	Х	Annual
12 Vaccine: MMR	Х		
13 Vaccine: Hepatitis B	Х		
14 Vaccine: Influenza	Х	X	Annual
15 Vaccine: Meningococcal			
16 Vaccine: Pneumococcal			
17 Vaccine: Rabies			
18 Vaccine: Rabies Titer			
19 Vaccine: Tdap, then Td	Х	Х	Every 10 years
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: _____