COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Records Manager (CST: Department Program Manager)

DATE COMPLETED: February 4, 2020

DEPARTMENT: DHS DIVISION: Administration

PHYSICAL DEMAND STRENGTH RATING: Sedentary/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 work in an office environment routinely using office						
equipment such as computers, phones, photocopiers, fax						
machines, etc.						
Planning, organizing, and overseeing medical record keeping and	1	Cont.	Computer, phone		Essential	
other departmental record keeping						
Monitor medical records and other records for compliance with	2	Freq.	Computer, phone		Essential	
Federal and State laws and regulations						
Prepare and conduct training sessions on medical records	3	Occ.	Computer, phone		Essential	
maintenance, processing, retention, and release for department						
clinicians and support staff.						
Supervises and participates in selection of health information	4	Occ.	Computer, phone		Essential	
clerical staff						
Represent the Department of Health Services in courts of law as	5	Occ.	Computer, phone		Essential	
the official custodian of health information and other records.						

Pa	gρ	2
·	5	_

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.
Along with the Privacy & Security Officer this position will serve as	6	Freq.	Computer, phone		Essential	
a resource to DHS Management and staff regarding health						
information management laws, regulation and standards.						
Assist with filing, pulling and storing of paper medical records	7	Occ.	Computer		Non-Essential	

PART 2: PHYSICAL DEMANDS

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

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	Continuously			
2 Functional color vision, normal or corrected	1-6	Occasional			
3 Functional night vision, normal or corrected	N/A	Never			
4 Functional hearing, normal or corrected	1-7	Continuously			
5 A sense of smell or taste	N/A	Never			

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	Frequently			
2 Follow Written Instructions	Frequently			
3 Required to sustain concentration	Continually			

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	Continuously			
2 Organize own work	Continuously			
3 Able to ask questions or request assistance when needed	Continuously			
4 Required to make decisions independently	Frequently			
5 Required to train and/or lead other staff	Frequently			
6 Required to direct other staff (e.g. planning, goal setting,	Frequently			
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	Continuously			
high volume				
2 Meet time sensitive deadlines	Continuously			
3 Long and/or irregular hours	Frequently			
4 Limited/unpredictable opportunity for breaks	Frequently			
5 Required to perform on-call or emergency work	Occasionally			

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	Frequently			
2 Attention divided by issues requiring multi-tasking	Frequently			
3 Work requires precise attention to detail	Continuously			
4 Use of judgment in routine matters	Continuously			
5 Requires use of judgment in adapting procedures from one	Continuously			
task to another				
6 Possible legal ramifications associated with work activities	Continuously			
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	Continuously			
departments/agencies, public)				
2 Interactions limited to giving/receiving information	Frequently			
3 Interactions exceed giving/receiving information (e.g.,	Frequently			
advises, persuades, justifies)				
4 Interactions occur under circumstances of emotional stress	Occasionally			
5 Risk of confrontation with violent or assaultive clients or	Never			
customers				

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

	FREQUENCY RATING	MEDICAL	PROVIDER	USE ONLY
Activity	Never, Occasional;	Can Perform	Temporarily	Permanently
1 Work Inside	Frequent, or Constant Continuously	Perform	Restricted	Restricted
2 Work Outside	Never			
3 Extreme Heat (above 100 degrees)	Never			
4 Extreme Cold (below 32 degrees)	Never			
5 Excessive Noise (must raise voice to be heard)	Never			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	Never			
7 Dust, Vapors, Fumes, Smoke	Never			
8 Silica, asbestos, etc.	Never			
9 Solvents (e.g., gas, turpentine, etc.) 10 Grease, oils	Never			
11 Acidic, Caustic Solutions	Never			
12 Pesticides	Never			
	Never			
13 Explosives (e.g., dynamite, bomb, etc.)	Never			
14 Cleaning supplies, abrasives	Never			
15 Other Chemicals (e.g. drugs and other contraband)	Never			
16 Human Blood, Body Tissues, or Fluids	Never			
17 Human Wastes	Never			
18 Animal Blood, Body Tissues, or Fluids	Never			
19 Animal Wastes	Never			
20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	Never			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	Never			
22 Biomedical Waste	Never			
23 Ionizing Radiation	Never			
24 Non-Ionizing Radiation	Never			
25 Electrical Energy	Never			
26 Walking on uneven, slippery, or rough surfaces	Never			
27 Proximity to moving mechanical parts (e.g., equipment,	Never			
machinery)				
28 Proximity to moving vehicles or objects	Never			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	Never			
30 Contact with water, other liquids, humid conditions - not	Never			
weather related				
31 Work Below Ground: (e.g., excavation, trench, etc.)	Never			
32 Potential exposure to airborne infectious diseases (e.g. clinics,	Never			
labs, corrections)				
33 Operates non-commercial motor vehicles (cars, trucks)	Occasionally			
34 Operates commercial vehicles – CDL Class Endorsements	Never			
35 Operates passenger van to transport clients, inmates, etc.	Never			
36 Pulls non-commercial trailers or equipment	Never			
37 Operates heavy equipment	Never			
38 Other:	140401			

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			

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.

PART 12 – FORM REVIEW AND SIGNATURES

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:_____