

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #201 – Recreation Working Supervisor</u>

PLEASE PRINT

0Section 1 – INTRODUCTION

Purpose:

This section provides general direction for completing the Job Fact Sheet and is further supplemented by the additional instructions set out in the remaining sections of this Job Fact Sheet.

The collection of accurate, complete, up-to-date and gender neutral job information is essential to, and forms the basis of, the job evaluation process.

This Job Fact Sheet (JFS) provides a format and serves as a questionnaire designed to describe a job, to capture the skill, effort and responsibility normally required in the work, and to record the conditions under which it is usually carried out. The JFS focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF AN INDIVIDUAL'S PERFORMANCE ON THE JOB.**

Please read the JFS carefully, and complete each section. Throughout the JFS examples are requested and are important as you describe the job. Provide additional information on the back blank pages of this document, additional job holder comments can be recorded in Section (16) on page 25, or attach additional pages if necessary.

SUPERVISOR - STEPS TO FOLLOW:

- 1. a. New Job: complete Job Review Request Form (JRRF), complete a proposed JFS and proposed Job Description.
 - b. Forward all documents to your Human Resources representative.
- 2. DO NOT CHANGE EMPLOYEE'S RESPONSES.

EMPLOYEE - STEPS TO FOLLOW:

- 1. Please read the JFS carefully, and complete each section. If you find that some questions do not relate to your job, please write in "not applicable".
- 2. The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
- 3. Group submissions are encouraged for employees doing the same or very similar job duties.
- 4. It is suggested that you complete Sections 6 through 15 before completing Sections 4 and 5. The "Sample Key Activities" (see Appendix A) may assist you in completing Section 5.
- 5. Once you have completed the JFS and if you have not already submitted a JRRF, please complete and forward both documents to your Human Resources representative. Keep a copy of all documentation for your records. Please complete the Signatures Section (17) on page 25.
- 6. Your immediate **Out-of-Scope Supervisor** (Supervisor) will review your completed JFS and add comments at the end of each section.
- Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.

This section gathers information regarding the organization	n in which your job functions.	
Chart below: ite in the Provincial JE Job Title of the position – not the name o	f the person currently in the job.	
tle of your immediate Out-of-Scope Supervisor	SUPERVISOR'S COMMENTS – ORGANIZATION CHART	NAL WORK
	Are the responses to this question: Complete Do you agree with the responses: Yes	☐ Incomplet
your immediate Supervisor (if different than above)	COMMENTS (<u>must</u> be completed if "Incomplete" or "N	No" is selected):
Your current Provincial JE Job Title	Cunowisow?	Tuitiala
rent Provincial JE Job Number:	Supervisor's	mittais.
JE Job Titles that report directly to you (if applicable)		
	Chart below: ite in the Provincial JE Job Title of the position – not the name of the of your immediate Out-of-Scope Supervisor your immediate Supervisor (if different than above) Your current Provincial JE Job Title rent Provincial JE Job Number:	SUPERVISOR'S COMMENTS - ORGANIZATION CHART Are the responses to this question: Do you agree with the responses: Yes COMMENTS (must be completed if "Incomplete" or "New Your current Provincial JE Job Title Your current Provincial JE Job Number: SUPERVISOR'S COMMENTS - ORGANIZATION CHART Are the responses to this question: COMMENTS (must be completed if "Incomplete" or "New Your current Provincial JE Job Title Supervisor's

Section 3 – JOB IDEN	TIFICATION						
Purpose:	This section g	gathers basic identifying	g material so we can keep tra	ck of comp	leted Job Fact S	Sheets.	
Provide your name and	work telephone n	number(s) for contact pur	rposes. For group JFS submiss	ions, please	note the name a	nd telephone number(s	s) of the contact person.
Name of person comple ARE DOING THE SAM		a single employee, or cor	ntact person for group JFS subr	mission (ON	LY COMPLET	E A GROUP SUBMIS	SION IF ALL EMPLOYEES
Name (Print):						Employee No.:	
Work Telephone:			E-Mail Address:				
Saskatchewan Health A	uthority/Affiliate	:					
Facility/Site:				Departm	ent:		
See Section 18 on page	28 for signatures	·.					
Provincial JE Job Title:						Date:	
Provincial JE Number:			Office use only	y :	JEMC No.	<u>M</u>	
Section 4 – JOB SUM	MARY						
Purpose:	This section d	lescribes why the job ex	xists.				
			directs the Recreational Activity Innotional, physical, spiritual a			ans, organizes, valida	tes and delivers programs to
Tips: Consider "Why does to Think about what you	this job exist?" ar n would say if sor	nd "What is this job respondence approached you a barried by Exists to" or "		for"		****	
SUPERVISOR'S COM	MMENTS – JOB	S SUMMARY		COMM	ENTS (must be	completed if "Incom	plete" or "No" is selected):
Are the responses to tl	nis question:	☐ Complete	☐ Incomplete				
Do you agree with the	responses:	☐ Yes	□ No				
						Supervisor	's Initials:
Job #201 – Recreation	on Working Su	pervisor (April 20, 20	023)				Page 3 of 26

5 – KEY WORK ACTIVITIES

Consider the full range of job duties or responsibilities undertaken over the year. Summarize these in rough form before completing this section.

Group the job duties or responsibilities that are related and summarize them in a phrase, at the top of each box (e.g., counseling and patient education, preventative maintenance, community involvement). Estimate (to the nearest 5%) the percentage of time per year spent on each key work activity summarized in the section(s) below. Most jobs can be described in three to five key work activities.

The total of all key work activity sections should equal but not exceed 100%. For example: ½ day every day per year = 50%; 3 months per year = 25%; 2½ weeks per year = 5%

After summarizing each key work activity, provide details or examples that describe the related job duties or responsibilities. If using abbreviations, acronyms or technical terminology, please initially explain their meaning.

- Don't get lost in detail in describing the duties and responsibilities. Use clear verbs about things that are done in connection with each one. Avoid using a gender biased wording (i.e. he or she) in describing the work.
- It is important that the **whole job** be described, not just a particular dimension or a special project.

The "Sample Key Activities" (see Appendix A) may assist you in completing this section.

Key Work Activity A: <u>Supervision / Administration</u>

Duties/Responsibilities:

- ♦ Supervises and schedules department staff.
- ♦ Develops volunteer programs; recruits, interviews and schedules volunteers.
- ♦ Provides input into hiring and performance appraisals and performance reviews.
- ♦ Provides input into budget and ensures compliance within budget guidelines.
- ♦ Orders, purchases and maintains supplies and equipment.
- ♦ Provides input into and ensures compliance with policies and procedures.
- ♦ Acts as a liaison with other departments.
- Ensures continuing education and training of department staff.

SOLEKVISOK S COMMENTS - REI WORK ACTIVITIES
Are the responses to this question: Complete Incomplete
Do you agree with the responses:
COMMENTS (must be completed if "Incomplete" or "No" is selected):
Supervisor's Initials:

SUPERVISOR'S COMMENTS - KEV WORK ACTIVITIES

Section 5 – KEY WORK ACTIVITIES (cont'd) Key Work Activity B: Activities / Events SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES Are the responses to this question: Complete Incomplete **Duties/Responsibilities:** ♦ Develops, plans, organizes, schedules and implements recreational programs and activities Do you agree with the responses: \square Yes ☐ No for clients/patients/residents. • Coordinates and arranges for portering/transportation for clients/patients/residents (e.g., **COMMENTS** (<u>must</u> be completed if "Incomplete" or "No" is selected): medical appointments, facility functions). ♦ Ensures recreation areas are secured to match the cognitive/physical needs of clients/patients/residents. Validates and arranges resident-specific activities. Coordinates various services (e.g., library, pastoral care and volunteer). Coordinates and provides set up, decorating and clean up following activities. Maintains activity and storage areas. Attends to client/patient/resident individual needs and interests (e.g., shopping/social Supervisor's Initials: _____ functions). Maintains communication through a variety of means. Advocates on behalf of clients/patients/residents. Records client activity. Directs and supervises clients/patients/residents and volunteers. Coordinates virtual visits (e.g., FaceTime, Zoom). Key Work Activity C: Evaluation / Documentation SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES Are the responses to this question: Complete Incomplete **Duties/Responsibilities:** • Evaluates and documents client/patient/resident needs and abilities. □ No Do you agree with the responses: \square Yes ♦ Develops goals and assessment process for each activity carried out. Evaluates programs. **COMMENTS** (<u>must</u> be completed if "Incomplete" or "No" is selected): Observes, reports and records physical and psychological observation in client/patient/resident condition. Supervisor's Initials:

Key Work Activity D: Communications / Public Relations	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Outies/Responsibilities: Acts as a liaison with clients/patients/residents, resident/family councils, families and outside agencies. Maintains relationships with auxiliary groups, service clubs and schools. Coordinates fundraising and grant applications. Participates in client/patient/resident care plans and multi-disciplinary/family meetings.	Are the responses to this question: Complete Incomplete Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected)
	Supervisor's Initials:
Key Work Activity E:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Outies/Responsibilities:	Are the responses to this question: Complete Incomplete Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected)
	Supervisor's Initials:

Section 6 – DECISION-MAKING

Purpose: This section provides a series of situations that may be encountered on the job requiring decision making before taking action.

For each situation, please indicate the response that most appropriately describes your job. Provide examples where requested. Add any additional examples under "Other".

Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under "Most of the time" and give examples. If the job requires you to modify established methods often, check "Often".

(a)	In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
	Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example: <i>Patient care plan and recreation assessment</i> .			X	
	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Adapt programs to meet special needs (e.g., exercise program).</i>			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: <i>Complex behavioral issues require a multi-disciplinary approach</i> .	X			

When there is a situation you have not come across before, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
Immediately ask the supervisor/leader what to do		X		
Ask co-workers for help in deciding what to do		X		
Read manuals and figure out what to do		X		
Decide with your supervisor what to do		X		
Check guidelines and past practices			X	
Decide what to do based on your related experience			X	
Get advice with problems from management and/or other sources (e.g. supplier, consultants)		X		
Other (specify)				

(c)	To what extent are the decision-making requirements of this job guided by others (check all responses that apparent provide examples)	y Almost never	Sometimes	Often	Most of the time
	Immediate supervisor		v		
	Example:	-	X		
	Others in own program/department		X		
	Example:	_			
	Others within the SHA/Affiliate Example:	_	X		
	Departmental Management Example:	_	X		
	Specialists / Clinical Experts Example:		X		
		_			
	Senior Management Example:	X			
	Other		-		
	Example:	-			
the re	**************************************	ncomplete"			
			ervisor's Ini		

Purp	pose: This section	gathers information	n on the minimum le	vel of completed formal education required for the job.
	at minimum level of comp t you have, but what is th			e necessary for a new person being hired into this job? This does not reflect the education ob.
	total minimum level of cort to graduation or certification		r formal training shou	ld include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time require
(i)	High School:	Grade 10	Grade 11 🗌 💢 G	Grade 12 🖂
(ii)	Technical/Vocational/C	Community College:	1 year □ 2	years ✓ 3 years ✓
	Specify (Do not use abl	oreviations): <i>Therape</i>	utic Recreation diplo	та
(iii)	Licensed Trades: 1 y	ear 2 year	s 3 years	4 years
	Specify (Do not use ab	breviations):		
(iv)	University: 3 y	ears 4 year	s Masters	
	Specify (Do not use abl	oreviations):		
Is an	ny Provincial, National or	professional certifica	tion mandatory?	Yes No
	-	_	-	/ registration body (do not use abbreviations):
Wha	at additional special skills,	training, or licenses	are needed to perform	the job? Indicate the length of the course/program:
Spec	cify (Do not use abbreviate	ons):		
	Intermediate computer sh	tills		
	Leadership skills Organizational skills			
	Ability to work independe	ently		
	Interpersonal skills	, in the second		
	Communication skills			
	Valid driver's license, wh	ere required by the j	ob	
				·*************************************
PERVISC	OR'S COMMENTS – EI	DUCATION AND SI	PECIFIC TRAINING	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
the resp	onses to the question:	☐ Complete	☐ Incomplete	
you agree	e with the responses:	☐ Yes	□ No	
				Supervisor's Initials:

Section	8 – EXPERIEN	CE				
	Purpose:			on on the minimum rele ne-job learning or adjus		ed for a job. Relevant experience may include previous job-
	te the minimum re to carry out the re			or to and/or (b) on-the-join	b, that is required for a n	ew person with the education recorded in Section 7 to acquire the ski
)	For part (b), ask	yourself, "Is tin	ne on the job requi		nd responsibilities or to a	adjust to the job? If so, how much?" n 7, Education and Specific Training.
a)	Required previo	us related job ex	xperience (do not i	nclude practicum or ap	pprenticeship if covered	l in Section 7 – Education and Specific Training)
	None	☐ 6	months	⊠ 1 year	3 years	5 years
	Up to 3 mon	ths 9	months	2 years	4 years	Other (specify)
	-	•		·	where needed to prepare a department in a health	•
o)	Average time re	quired on the jo	b to learn and/or a	djust to this job:		
	1 month or fe	ewer 6	months	⊠ 1 year	3 years	
	3 months	□9	months	2 years	Other (specify))
	Describe the tas	ks and responsib	pilities that need to	be learned in order to sa	atisfy the requirements of	f this job:
	♦ Twelve (12)	months on the	job to develop sup	pervisory/administrative	skills and to become fan	niliar with department policies and procedures.
			ale			
SUPER	RVISOR'S COM	MENTS – EXF		·		************
\re the	e responses to the	auestion.	☐ Complete	☐ Incomplete	COMMENTS (m	nust be completed if "Incomplete" or "No" is selected):
	agree with the r		☐ Yes	☐ No		
						Supervisor's Initials:

Section	n 9 – INDEPEN	DENT JUDGEN	MENT		. ==/.0=					
	Purpose:	This section §	gathers informatio	on on the extent to which	h the job exercises independent action.					
			n, but to varying de serve as a guide.	grees. Some jobs are hig	thly structured and have many formal procedures, while others require exercising judgement or					
			provided to this job thers and direct sup		om rules, instructions, established procedures, defined methods, manuals, policies, professional					
(a)	To what exten directing actio		ntrol its own work	as opposed to being guid	ed by influences such as rules, procedures, policies, supervisory presence or instructions					
	Please check	the answer that	most closely repre	sents expected job requ	irements.					
	Most job r	equirements (to th	ne extent possible)	are set out within structur	re and rules and/or readily understood schedules to guide job tasks/duties required.					
	Some restr	ictions apply, but	the control over se	etting work priorities and	pace of work is contained within the job.					
	There are a	ninimal restrictio	ns, leaving signific	ant control over the work	being carried out within the scope of the job.					
	Other (plea	Other (please explain):								
(b)	To what extent does this job exercise judgement to determine how the work is to be done?									
	Please check	the answer that	most closely repre	sents expected job requ	irements.					
					t. Example:					
	⊠ Work may	present some un	usual circumstance	s that require judgement	or choices to be made. Example:					
	♦ Individua	l resident needs d	and behaviors may	vary and are not always	predictable.					
	□ Wastansa		::	.4: 414: : 11	Towns Inc.					
	work pres	sems unficult cho	ices or unique situa	mons mai require judgen	nent. Example:					
	-				*****************					
SUPE	RVISOR'S CO	MMENTS – IND	DEPENDENT JUI	OGEMENT	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):					
Are th	e responses to t	he question:	☐ Complete	☐ Incomplete						
Do yo	ı agree with the	responses:	☐ Yes	□ No						

Section 10 – WORKING RELATIONSHIPS

Purpose: This section gathers information on the typical contacts or working relationships <u>necessary</u> in doing the job.

What are the typical contacts or working relationships **necessary** in doing this job? For each contact listed, determine the purpose of the contact and **check off all that apply** in the chart below. **Do not include contact with employees you supervise.**

Purpose of Contact:

- A No exchange
- **B** Exchange of factual or work-related information
- C Explanation and interpretation of information or ideas
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- E Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **G** Negotiation of service and / or supply agreements

	PURPOSE OF CO Check off all tha (more than one, if a	t apply
	A B C D	E F G
Employees in the same department	X X X	
Employees in another department/site (specify)		
Students	X X X	
Supervisor / supervisors of programs / departments or services	X X X	
Clients / patients / residents	X X X	
Family of clients / patients / residents	X X X	
Physicians	X X X	
Business representatives	X X	
Suppliers / contractors	X	
Volunteers	X X X	
General Public	X X	
Other health care organizations or agencies	X X	
Professional organizations / agencies	X X	
Government departments	X X X	
Social Service establishments	X X X	
Community Agencies	X X X	
Police and Ambulance	X	
Foundations	X X X	
Others (specify)		

Section 10 – WORKING RELATIONSHIPS (cont'd)

Questions (b) to (k) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.

HOV	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(b)	Have to tell people things they <u>DO NOT</u> want to hear?				
	 Other employees 		X		
	 Client / patients / residents / families 		X		
	■ The general public	X			
	Other (specify)				
(c)	Have contact with very upset or very angry:				
	 Clients / patients / residents / families (not other workers) 			X	
	Outside groups (not other workers)		X		
	■ General public	X			
	 Other employees 		X		
	 Management 	\boldsymbol{X}			
	 Physicians 	X			
	Other (specify)				
(d)	Have contact with extreme / special needs clients / patients / residents?				
	Specify:			X	
(e)	Talk with clients / patients / residents to:				
	 Get information from them 			X	
	■ Inform them			X	
	■ Counsel them				
	 Devise mutual goals / objectives with them 			X	
	 Check on their progress 				X
(f)	Talk with families to:				
	 Get information from them 			X	
	■ Inform them			X	
	 Counsel them 				
	 Devise mutual goals / objectives with them 		X		
	 Check on their progress 	X			
(g)	Talk with physicians to:				
	Get information from them		X		
	■ Inform them		X		
	 Devise mutual goals / objectives with them 		X		

Section 10 – WORKING RELATIONSHIPS (cont'd)

HOV	OFTEN DOES YOUR JOB REQUIRE YOU TO:		Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to:					
	 Provide information 			X		
	 Respond to questions 			X		
	 Make presentations 		X			
(i)	Talk with other employees to:					
	 Get information from them 				X	
	 Inform them 				X	
	 Counsel / persuade them 		X			
	Give them advice on work procedures				X	
	Get advice from them on work procedures		X			
	 Get cooperation from other parts of the organization on projects and prog 	grams			X	
	Other (specify)					
(j)	Talk to vendors, contractors, consultants, government agencies and other ext	ternal groups or organizations to:				
	 Get information from them 			X		
	Confer with peer professionals				X	
	 Inform them 			X		
	Arrange for services			X		
	 Devise mutual goals / objectives with them 			X		
	 Lead meetings 			X		
	Check on their progress		X			
	Other (specify)					
(k)	Other (specify):					
	******************	*********				
	SOR'S COMMENTS – WORKING RELATIONSHIPS Sponses to the question: Complete Incomplete	MMENTS (<u>must</u> be completed if "Incor	nplete" o	or "No" is so	elected):	
ய தஏ	ree with the responses:					
u ug			Supo	rvisor's Init	iola	
			_ Supe	visor's init	1ais:	

		n on the likelihood of imp rces and services, and the		carrying out the duties of the job. Consider th	ie
When carrying out your job and not considered as carel			of your actions having an impac	et or an outcome on the following? Such effects	are ty
Injury or discomfort of other If yes, please provide an ex • Improper lifting or tra	ample(s):	n serious injury to clients/p	patients/residents.	Is an impact likely? Yes	N
Embarrassment in public, c If yes, please provide an ex • Misjudgment in plant	ample(s):	•	oyee relations and well-being of clients/patien	Is an impact likely? Yes nts/residents.	N
Delays in processing or har If yes, please provide an ex • Inappropriate planning	ample(s):	in the delivery of services	ning.	Is an impact likely? Yes 🖂	N
Actions which impact on do If yes, please provide an ex • Delays in program det	ample(s):			Is an impact likely? Yes 🖂	N
Damage to equipment / instif yes, please provide an ex * Improper maintenance*	ample(s):	ipment may result in unno	ecessary breakdowns.	Is an impact likely? Yes 🖂	N
Loss of or inaccurate information If yes, please provide an ex • Inaccurate charting materials in the second content of the second	ample(s):	t/resident program evalua	tion.	Is an impact likely? Yes 🖂	N
Financial losses including values of the second losses including values. Financial losses including values of the second losses including values. Financial losses including values of the second losses including values.	ample(s):		S	Is an impact likely? Yes	N
Other – If yes, please provide an ex	ample(s):			Is an impact likely? Yes	ľ
			**********	******	
e responses to the question: agree with the responses:	☐ Complete	☐ Incomplete	COMMENTS (must be con	mpleted if "Incomplete" or "No" is selected):	
agree with the responses.				Supervisor's Initials:	

Section 12 – LEADERSHIP/SUPERVISION

		ers information o e them to carry o		pervise others, lead others and / or provide functional guidance or technical
Leadership refers to carry out their job.				rs, provide functional guidance or provide technical direction to enable other employees
Specify any jobs or	work group as	appropriate, unde	er one or more of these cat	egories. Check all that apply and provide examples.
☐ Familiarize new	employees wi	th the work area a	nd processes	Examples Staff, students
■ Assign and/or ch	eck work of o	thers doing work	similar to yours	Staff, students, volunteers
Lead a project te achieve planned		tasks, assign worl	c, monitor progress to	
Provide function tasks	al advice / ins	truction to others	in how to carry out work	Staff, students, volunteers
Provide technica carry out their pr			l in order for others to	
Provide input to	appraisal, hiri	ng and/or replace	ment of personnel	Staff, students, volunteers
Coordinate repla	cement and/or	scheduling of em	ployees	Staff, students
Supervise a work take responsibili			, methods to be used, and	
☐ Supervise the wo	ork, practices a	and procedures of	a defined program	
Supervise the wo	ork, practices a	and procedures of	a department	Staff, students, volunteers
Provide counseli	ng and/or <u>coa</u>	ching to others		Students, volunteers
Provide health p	romotion / out	reach (teaching / i	instruction)	
Other (specify)				
PERVISOR'S COMME	NTS – LEAD			*****************
e the responses to the qu	estion:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
you agree with the respo		☐ Yes	□ No	
				Supervisor's Initials

Section 13 – PHYSICAL DEMANDS

Purpose: This section gathers information on the physical effort and for the accurate hand/eye or hand/foot coordination required on a regular basis in your job.

- (a) What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job.
 - Duration means individual periods of **uninterrupted time** (except for scheduled breaks) i.e. how long you have to perform the activity each time.
 - Frequency means **how often** each activity occurs within the day.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Place a checkmark in the chart below indicating the duration, frequency and weight of the activity. Only indicate weight where applicable.

Light weight – up to 9 kg / 20 lbs

Occasional – means the activity occurs once in a while – less than 50% of the time

Medium weight – over 9 kg / 20 lbs

Regular – means the activity occurs often – between 50% - 75% of the time

Heavy weight – over 23kg / 50 lbs

Frequent – means the activity occurs every day – over 75% of the time

Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

	DURATION		WEIGHT		
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Walking/standing	50 - 75%			X	
Pulling, pushing residents / equipment	40%			X	L-H
Crouching, bending, reaching	30%			X	
Assist residents with recreation	30%			X	L
Portering / assisting transfer of patients	30%			X	Н
Computer operation	20%			X	
Sitting	20%	X			
Assist resident with activities of daily living	15%		X		
Setting up / moving equipment	15 – 30%			X	M
Decorating	10%	X			
Lifting boxes, supplies and equipment	5 – 10%		X		M
Cleaning	5 – 15%	X			
Driving	0 – 10%	X			

Section 1	13 _	PHY	SICAL	DEMA	NDS	(cont'd)

(b) Does your work require accurate hand/eye or hand/foot coordination? Please provide examples that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Examples: keyboard skills, repairing fine instruments/equipment; floor polishers; folding laundry; mechanical; plumbing; giving injections; dispensing oral medications; lawn mowers; sorting mail; electrical; driving; drafting; using long-handled tools such as mops and shovels; stocking shelves; positioning patients and equipment; carpentry.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

Occasional – means the activity occurs once in a while – less than 50% of the time

Regular – means the activity occurs often – between 50% - 75% of the time

Frequent – means the activity occurs every day – over 75% of the time

	DURATION	FREQUENCY			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Writing reports	35%			X	
Recreation programs (e.g., baking, crafts, games, exercises)	30%			X	
Positioning residents / equipment	25%			X	
Computer operation	20%			X	
Loading and driving handi-bus	15%	X			
Sorting and distributing mail	5%	X			
Operating equipment	5%	X			
Driving	0 – 10%	X			

SUPERVISOR'S COMMENTS – PHY	SICAL DEMAND	OS	COMMENTS (many be completed if the complete 2 on the 2 one selected).				
Are the responses to the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):				
Do you agree with the responses:	☐ Yes	□ No					
			Supervisor's Initials:				

Section 14 – SENSORY DEMANDS

Purpose: This section gathers information on the frequency and duration of sensory demands required by your job.

(a) What **Visual Effort** is required on a **concentrated** basis in your job? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

Frequency means **how often** each activity occurs within the day or week.

Occasional – means the activity occurs once in a while – less than 50% of the time

- means the activity occurs often – between 50% - 75% of the time

- means the activity occurs every day – over 75% of the time

	DURATION		FREQUENCY			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent		
Observing clients/patients/residents	75%			X		
Reading	30%			X		
Writing reports	30%			X		
Computer operation	20%			X		
Handling money	5 – 10%	X				
Filing	5%	X				
Driving	0 – 10%	X				

Section 14 – SENSORY DEMANDS (cont'd)

(b) Does your job require that you **Listen Attentively**? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

- **Examples**: taking dictation, counseling; negotiating; taking minutes of meetings; taking telephone messages; operating a switchboard; alarm systems; mechanical/equipment sounds; taking directions or instructions; observing clients/patients/residents.
- Duration means individual periods of **uninterrupted time** (except for scheduled breaks) i.e. how long you have to perform the activity each time.
- Frequency means **how often** each activity occurs within the day or week.

Occasional – means the activity occurs once in a while – less than 50% of the time

Regular – means the activity occurs often – between 50% - 75% of the time

Frequent – means the activity occurs every day – over 75% of the time

	DURATION	FREQUENCY			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Interact with family, staff, volunteers, clients/patients/residents	75%			X	
Taking minutes/messages	10 – 15%	X			
Equipment/alarm sounds	5 – 15%			X	
Consulting with other staff	10%	X			

Section	14 – SENSORY DEMANDS	(cont'd)								
(c)	Must attention be shifted frequ	ently from one job de	etail to another?							
•	Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment									
	Yes 🖂 No									
	If yes, please give examples :									
	♦ Portering, assisting with	activities of daily livi	ng, charting, answering	g alarms, telephone and recreation activities.						
		*******	*******	**************						
SUPER	RVISOR'S COMMENTS – SE	NSORY DEMANDS	3	COMMENTS (must be completed if "Incomplete" or "No" are selected):						
	e responses to the question:	☐ Complete	☐ Incomplete							
Do you	agree with the responses:	☐ Yes	□ No							
				Supervisor's Initials:						

Section 15 – WORKING CONDITIONS

Purpose: This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried

out.

(a) Are you exposed to some degree of unpleasantness in the day-to-day activities of your job? Check all conditions that apply to you, and indicate only one of "occasional", "regular", or "frequent".

Occasional – means the condition occurs once in a while – less than 50% of the time

Regular – means the condition occurs often – between 50% - 75% of the time

Frequent – means the condition occurs every day – over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Blood / body fluids	X		
Chemical substances (specify): <i>Cleaning solutions</i>	X		
Cold	X		
Congested workplace			
Dust			
Extreme temperature			
Foul language	X		
Grease			
Head lice	X		
Heat	X		
Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions		X	
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines		X	
Noise		X	
Odor		X	
Oil			
Radiation exposure (specify)			
Second-hand smoke	X		
Soiled linens	X		
Steam			
Transporting or handling human remains			
Travel	X		
Vibration			
Other (specify)			

Section 15 – WORKING CONDITIONS (cont'd)

(b) Is there some degree of exposure to hazards in the day-to-day activities of your job? Check all hazards that apply to you, and indicate only one of "occasional", "regular", or "frequent".

Occasional – means the condition occurs once in a while – less than 50% of the time

Regular – means the condition occurs often – between 50% - 75% of the time

Frequent – means the condition occurs every day – over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Abusive clients	X		
Blood / body fluids	X		
Chemical substances (specify) <i>Cleaning solutions</i>	X		
Traveling in inclement weather	X		
Excessive / unpredictable weights	X		
Exposure to infectious disease (specify)	X		
Extreme noise			
Faulty / inadequate equipment			
Personal injury	X		
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects	X		
Small aircraft			
Steam			
Verbal and/or physical abuse	X		
Violence	X		
Working from heights: <i>Decorating</i>	X		
Other (specify)			
		-	
		-	
		-	
		-	

Section	15 – WORKING COND	ITIONS (cont'd)				
(c)	Do you have to take certain training, precautions or wear protective clothing to avoid a work injury? (Check one and provide an explanation or example of the type of precaution(s) normally taken.)					
	Yes 🖂	No 🗌				
	Please explain your answ	er:				
		epositioning (TLR) t Response Training (PA us Material Information				
SUPEI	RVISOR'S COMMENTS			***********		
Are the	e responses to the question	n: Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):		
Do you	agree with the responses	:	□ No			
				Supervisor's Initials:		

ase	add any additional information	or comments and reference the specific JFS section	and question as appropriate.	
	·	-		
	17 – SIGNATURES			
)	Single job submission:	NAME: (Please Print Legibly):		
	SIGNATURE:		DATE:	
)		OF EMPLOYEES DOING THE SAME JOB). Ple		
,	•	or Evil Eo (EES Doing The Salvie (OB). The		
			-	
	NAME:		SIGNATURE:	

Section 18 – OUT-OF-SCOPE SUPERVISOR'S COMMENTS				
Please add any additional information or co	omments and reference the specific JFS section and question as ap	ppropriate.		
Immediate Out-of-Scope Supervisor				
Name: (Please print legibly)				
Signature:				
Job Title:				
Department:				
Work Phone Number:				
E-Mail Address:				
Date:				

Appendix A Sample Key Activity Summary Statements

A

- Accounting
- Accounting operation
- Activities and events
- Administration and communication
- Administration duties
- Administrative activities
- Administrative functions
- Administrative procedures
- Administrative support to executive levels
- Admission, discharges and transfers
- Analysis and detection of epidemics
- Assessment and diagnosis
- Assists with training programs

В

- Budget activities
- Budget administration
- Budget and financial management
- Budget and professional development
- Budget and unit administration
- Budget management
- Budget preparation and control
- Budget unit administration

C

- Carpentry functions
- Cleaning designated areas

- Cleaning functions
- Clerical duties
- Clinical and patient pastoral services
- Clinical nursing practice
- Clinical pharmacy
- Clinical practice
- Clinical services
- Coding and abstracting
- Collaboration and Education
- Committee and coordination activities
- Committee and professional development
- Committee involvement
- Committee participation
- Committee representation
- Committees and communication
- Committees and community liaison
- Committees and meetings
- Communication and coordination
- Communications and public relations
- Community involvement
- Community resources and liaison
- Compiling reports and statistics
- Consultation
- Consultation and collaboration
- Consultation and program development
- Consultation with team
- Contact with medical staff
- Contact with vendor representatives
- Continuing education

- Control and allocation of beds
- Control of expenditures and government regulations
- Coordination and communication
- Coordination of health services functions
- Coordination of internal and external health care professionals
- Counseling
- Counseling and patient education
- Counseling, treatment and referrals

D

- Daily accounts receivable functions
- Department and administrative activities
- Department management
- Development of departments
- Development of nursing education programs
- Development of quality assurance programs
- Diagnosis
- Discharge planning
- Dispensing drugs and monitoring patient profiles
- Drug distribution
- Drug selection and information services

\mathbf{E}

Education

JE: Revised Dec 19/06

- Education (non patient)
- Education and research
- Education consultant
- Education program implementation
- Educational and professional development
- Emergency procedures
- Enforces security, fire and safety regulations
- Equipment testing
- Evaluates radiographs for quality
- Evaluation

F

- Financial and department planning
- Financial management
- Financial systems and controls
- First aid
- Food distribution
- Food preparation
- Food service and nutritional services

G

General office duties

H

- Health records and quality assurance
- Hospital management
- Housekeeping activities
- Human resource and budget management
- Human resource functions
- Human resources management

]

- Installations
- Investigations

L

- Laboratory Aide functions
- Laboratory technical functions
- Labour relations functions
- Laundry operations
- Lawn and garden maintenance
- Life safety programs and services

M

- Mail and filing
- Maintains directory and files
- Maintains inventory control
- Maintenance and administration
- Maintenance and cleanliness
- Maintenance and committee work
- Maintenance and trouble shooting
- Maintenance of equipment
- Maintenance of records
- Maintenance of telephone and records
- Management of department
- Management of Health Records Department
- Management of laboratory
- Management of systems contractors and suppliers
- Management of the library
- Management of volunteers
- Materials management programs
- Media relations
- Medical management

- Menu board maintenance
- Mobilization and transporting of patients
- Monitors entry and exit of visitors/patients in and out of hospital

N

- Narcotic and controlled drugs
- Narcotic control drug audit
- Nursing care process
- Nutritional and dietary assessment

0

- Occupational therapy program
- Ongoing health program administration
- Operates cash register
- Ordering supplies
- Ordering supplies and inventory
- Orientation
- Orientation of new staff
- Other secretarial functions

P

- Painting functions
- Participation in committees
- Patient care
- Performs electrical circuit installations and completes electrical change requests
- Performs laboratory test procedures
- Performs preventative maintenance
- Performs radiographic examinations
- Pharmacy budget and committees
- Pharmacy functions
- Physiotherapy program
- Planning and organizing

JE: Revised Dec 19/06

- Planning and organizing carpentry activities
- Planning and organizing of daily painting activities
- Planning and organizing plumbing activities
- Planning and unit administration
- Plant maintenance
- Plant operations
- Play therapy
- Plumbing functions
- Policy and procedure development
- Preparation of annual budgets
- Prepares and writes programs
- Processing of doctors orders
- Production reports and records
- Professional development
- Professional growth
- Professional standards
- Program development
- Protection of hospital building and premises
- Provides assistance to departments on request
- Provides information and Library Services
- Provides physical care to patients
- Psycho-social assessment and counseling
- Public inquires
- Public relations
- Pulmonary function testing
- Purchasing activities

Q

- Quality assurance and audit
- Quality assurance and maintenance of equipment
- Quality assurance/control
- Quality control and preventative maintenance

R

- Receipt and delivered items
- Reception and telephone
- Receptionist functions
- Recording and monitoring results
- Releasing information
- Repairs and maintenance to equipment
- Report production
- Reporting and communication
- Reporting and documentation
- Reporting the test results
- Reports and records information required by nursing staff
- Research
- Research and education
- Research into hospital activities
- Respiratory care
- Responds to incoming/outgoing telephone calls and inquires
- Reviewing test results

S

- Scheduling and coordination activities
- Scheduling and processing

- Scoring and interpretation
- Secretarial functions
- Selects, acquires and organizes library materials
- Social work functions
- Sterile product preparation
- Strategic planning
- Supervises activities
- Supervises technicians
- Supervision
- Surveillance of nursing units
- Systems development process
- Systems planning and maintenance

\mathbf{T}

- Teaching and education
- Telephone and reception
- Test administration
- Testing procedure
- Therapeutic counseling and treatment
- Training
- Transcription of medical reports

U

- Unit administration
- Unit management
- Unit nursing specialized activities
- Unit/technical management

\mathbf{W}

• Word processing and typing function

JE: Revised Dec 19/06