

# Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #230 – Healthy Lifestyle Program Assistant</u>

**PLEASE PRINT** 

#### Section 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.

Purpose:	This section gathers information regarding the organization	n in which your job functions.					
Complete the	Chart below:						
Be sure to wri	te in the <b>Provincial JE Job Title of the position – not</b> the name of	of the person currently in the job.					
Title of your immediate Out-of-Scope Supervisor		SUPERVISOR'S COMMENTS – ORGANIZATIONAL CHART					
		Are the responses to this question:   Complete  Do you agree with the responses:   Yes	☐ Incomplete				
Title of	your immediate Supervisor (if different than above)	COMMENTS (must be completed if "Incomplete" or "N	No" is selected):				
	Your current Provincial JE Job Title						
Your cur	rent Provincial JE Job Number:	Supervisor's I	nitials:				
Provincial	JE Job Titles that report directly to you (if applicable)						

Section 3 – JO	B IDENTIFICATION						
Purpos	se: This section a	gathers basic identifyin	ng material so we can keep trac	k of comp	leted Job Fact Sh	neets.	
Provide your na	me and work telephone	number(s) for contact pr	urposes. For group JFS submission	ons, please	note the name and	d telephone number(s) of the co	ntact person.
	completing the JFS for a HE SAME JOB):	a single employee, or co	ontact person for group JFS subm	ission (ON	LY COMPLETE	A GROUP SUBMISSION IF A	LL EMPLOYEES
Name ( <b>Print</b> ):						Employee No.:	
Work Telephon	e:		E-Mail Address:				
Saskatchewan H	Health Authority/Affiliate	»:					
Facility/Site: _				Departm	ent:		
See Section 18 o	on page 28 for signatures	<i>3</i> .					
Provincial JE Jo	ob Title:					Date:	
Provincial JE N	umber:		Office use only	:	JEMC No.	M	
Section 4 – JO	B SUMMARY						
Purpos	se: This section	describes why the job	exists.				
Briefly describe	the general purpose of t	his job: Assists an inter	rdisciplinary team in the provisio	on of progr	rams for at-risk cl	ient groups to achieve better he	ealth outcomes.
▶Think about v		meone approached you b Title) exists to" or	and asked you about your job. "The ( <u>Job Title</u> ) is responsible fo				
SUPERVISOR	'S COMMENTS – JOI		************	******	*******	*****	
Are the respon	ses to this question:	☐ Complete	☐ Incomplete	COMM	ENTS ( <u>must</u> be c	ompleted if "Incomplete" or "	No" is selected):
•	vith the responses:	☐ Yes					
						Supervisor's Initials:	

#### 5 – KEY WORK ACTIVITIES

Purpose: This section describes the key activities, duties and responsibilities of the job.

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>Preparation</u>

#### **Duties/Responsibilities:**

- ♦ Assists interdisciplinary team in program planning.
- ♦ Liaises with interdisciplinary team regarding particular session requirements.
- ♦ Under the direction of the team, creates grocery lists and shops for groceries.
- ♦ Shops for a variety of supplies (e.g., cooking equipment, cleaning supplies).
- ♦ Assembles forms and information for interdisciplinary team.
- ♦ Assembles resources and tools for sessions.
- ♦ Schedules transportation for clients when requested.
- Contacts referred clients, provides information and invites them to attend program.

SUPERV	TSOR'S COMMENTS	– KEY WORK A	ACTIVITIES
Are the r	esponses to this question	n: Complete	☐ Incomplete
Do you a	gree with the responses:	: Yes	□ No
COMME	ENTS (must be completed	if "Incomplete" or	"No" is selected):
		Supervisor's In	nitials:

Key Work Activity B: On-Site Assistance	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES					
Assists in setting up site to facilitate program. Assists with demonstrating and mentoring participants on food preparation and following recipes to prepare meals. Provides information regarding food safety and good nutrition. Demonstrates proper kitchen sanitation techniques.	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:					
ey Work Activity C: Administration	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES					
Performs general office duties.  Manages and replenishes inventory, maintains stock and purchases cooking equipment and/or non-grocery items.  Performs light laundry, receives and stores linens, containers and bags.  Performs monthly reconciliation of transportation, grocery and courier expenditures.  Maintains petty cash account and maintains supporting records (e.g., transportation, grocery and courier expenditures).	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					

Key Work Activity D:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Duties/Responsibilities:	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:
ey Work Activity E:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
uties/Responsibilities:	Are the responses to this question:   Complete Incomplete
	Do you agree with the responses: $\square$ Yes $\square$ 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>Follow guidelines</i> .				X
	Modify or change established department methods and procedures, but stay within program or legislative boundaries.  Example: <i>Modify recipes and instructions to accommodate a diverse clientele.</i>			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines.  Example:	X			

(b)	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 decis and provide examples)	sion-making requi	rements of this job gu	nided by others (check all responses that apply	Almost never	Sometimes	Often	Most of the time
	Immediate supervisor					X		
	Example:		A					
	Others in own program/depar	tment					X	
	Example:						A.	
	Others within the SHA				X			
	Example:				Λ			
	Departmental Management					X		
	Example:					Λ		
	Specialists / Clinical Experts	Clinical Experts						
	Example:	X						
	Senior Management	ior Management			X			
	Example:				Λ			
	Other							
	Example:							
the re	SOR'S COMMENTS – DEC sponses to the question: ree with the responses:		**************  Incomplete  No	**************************************	omplete"	or "No" is s	elected):	:
ou ag	ree with the responses.	<u> </u>	110					
						rvisor's Ini		

ction 7 – EDUCA	TION AND SPECIFIC TRAINING							
Purpose:	This section gathers information on the minimum level of completed formal education required for the job.							
	um level of completed schooling or formal training would be necessary for a new person being hired into this job? This does not reflect the education re, but what is the typical minimum requirement of the job.							
	<b>nimum</b> level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required action or certification.							
(i) High	School: Grade 10 Grade 11 Grade 12 Grade 12							
	ical/Vocational/Community College: 1 year  2 years  3 years  3 years  5 years  5							
	sed Trades: 1 year							
(iv) Univ	rsity: 3 years  4 years  Masters    y (Do not use abbreviations):							
Is any Prov	Is any Provincial, National or professional certification mandatory?   Yes   No							
If yes, pleas	specify and provide the name of the licensing / certification / registration body (do not use abbreviations):							
What additi	nal special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program:							
<ul> <li>♦ Comn</li> <li>♦ Organ</li> <li>♦ Interp</li> <li>♦ Abilit</li> <li>♦ Basic</li> </ul>	not use abbreviations): unication skills zational skills rsonal skills to work independently food preparation skills							
♦ Basic	omputer skills							
♦ Basic	ecounting skills  **********************************							
JPERVISOR'S C	DMMENTS – EDUCATION AND SPECIFIC TRAINING							
re the responses to	the question: Complete Incomplete COMMENTS (must be completed if "Incomplete" or "No" is selected):							
o you agree with t								
	Supervisor's Initials:							

Section	n 8 – EXPERIEN	CE							
	Purpose:			n on the minimum rele e-job learning or adjus		for a job. Relevant experience may include previous job-			
	te the <b>minimum</b> re to carry out the re			r to and/or (b) on-the-jol	o, that is required for a new	person with the education recorded in Section 7 to acquire the ski			
<b>&gt;</b>	For part (b), ask	yourself, "Is tim	e on the job requi		nd responsibilities or to adj	iust to the job? If so, how much?"  y, Education and Specific Training.			
a)	Required previous related job experience (do not include practicum or apprenticeship if covered in Section 7 – Education and Specific Training)								
	None	☐ 6 r	nonths	1 year	3 years	5 years			
	Up to 3 mont	ths 9 r	nonths	2 years	4 years	Other (specify)			
	Describe the exp	perience requiren	nents gained on pro	evious jobs here or elsev	where needed to prepare for	this job:			
	♦ No previous	s experience.							
b)	Average time rec	quired on the job	to learn and/or ad	ljust to this job:					
	1 month or fe	ewer	nonths	1 year	3 years				
	3 months	$\boxtimes g_{I}$	nonths	2 years	Other (specify) _				
	Describe the task	ks and responsibi	ilities that need to	be learned in order to sa	tisfy the requirements of th	uis job:			
	♦ Nine (9) mo procedures.	•	to obtain Food Sa	fe certificate and becon	ne familiar with program o	perations, diverse cultures and department policies and			
SUPE	RVISOR'S COM	MENTS – EXPI		*******	*******	**********			
Are th	e responses to the	e question:	☐ Complete	☐ Incomplete	COMMENTS (mus	<u>t</u> be completed if "Incomplete" or "No" is selected):			
	agree with the r	_	☐ Yes	□ No					
						Supervisor's Initials:			

Section	on 9 – INDEPEN	DENT JUDGEN	1ENT								
	Purpose:	This section g	gathers informatio	n on the extent to which	h the job exercises independent action.						
		ndependent action e no precedents to		grees. Some jobs are hig	thly structured and have many formal procedures, while others require exercising judgement of						
			provided to this job thers and direct sup		om rules, instructions, established procedures, defined methods, manuals, policies, professiona						
(a)		To what extent does this job control its own work as opposed to being guided by influences such as rules, procedures, policies, supervisory presence or instructions directing actions required?									
	Please check the answer that most closely represents expected job requirements.										
	Most job r	equirements (to th	e extent possible) ε	are set out within structur	re and rules and/or readily understood schedules to guide job tasks/duties required.						
	Some restr	Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.									
	There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.										
	Other (plea	ase explain):									
(b)	To what exten	To what extent does this job exercise judgement to determine how the work is to be done?									
	Please check	Please check the answer that most closely represents expected job requirements.									
		Work is mostly repetitive and predictable with little need for judgement. Example:									
	⊠ Work may	present some un	usual circumstance	s that require judgement	or choices to be made. Example:						
	♦ Num	ber of participant	ts and their individ	ual abilities fluctuate co	instantly which results in last minute changes to program content.						
		1.00 1.1									
	☐ Work pres	Work presents difficult choices or unique situations that require judgement. Example:									
CUDE		MMENTS IND	**** EPENDENT JUD		******************************						
	he responses to t		☐ Complete	☐ Incomplete	COMMENTS ( <u>must</u> be completed if "Incomplete" or "No" is selected):						
	u agree with the	-	☐ Yes	□ No							
٠	-	-									
					Supervisor's Initials:						

#### **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 CONTACT Check off all that apply (more than one, if applicable)					
	A	В	C	D	E	F	G
Employees in the same department		X	X	X			
Employees in another department/site (specify):		X	X	X			
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						
Business representatives	X						
Suppliers / contractors	X						
Volunteers		X	X	X			
General Public		X					
Other health care organizations or agencies		X	X	X			
Professional organizations / agencies							
Government departments:		X	X	X			
Social Service establishments:		X	X	X			
Community Agencies:		X	X	X			
Police and Ambulance		X					
Foundations		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>(b)</b>	Have to tell people things they <u>DO NOT</u> want to hear?				
	<ul> <li>Other employees</li> </ul>	X			
	<ul> <li>Client / patients / residents / families</li> </ul>		X		
	■ The general public	X			
	<ul><li>Other (specify)</li></ul>				
(c)	Have contact with very upset or very angry:				
	<ul> <li>Clients / patients / residents / families (not other workers)</li> </ul>		X		
	<ul> <li>Outside groups (not other workers)</li> </ul>	X			
	<ul> <li>General public</li> </ul>	X			
	■ Other employees	X			
	<ul> <li>Management</li> </ul>	X			
	<ul> <li>Physicians</li> </ul>	X			
,	Other (specify)				
(d)	Have contact with extreme / special needs clients / patients / residents?				
	Specify:		X		
(e)	Talk with clients / patients / residents to:				
	<ul> <li>Get information from them</li> </ul>			$\boldsymbol{X}$	
	■ Inform them			X	
	Counsel them				
	<ul> <li>Devise mutual goals / objectives with them</li> </ul>		X		
	<ul> <li>Check on their progress</li> </ul>		X		
<b>(f)</b>	Talk with families to:				
	<ul> <li>Get information from them</li> </ul>		X		
	■ Inform them		X		
	<ul> <li>Counsel them</li> </ul>				
	<ul> <li>Devise mutual goals / objectives with them</li> </ul>	X			
	<ul> <li>Check on their progress</li> </ul>	X			
(g)	Talk with physicians to:				
	<ul> <li>Get information from them</li> </ul>	X			
	■ Inform them	X			
	Devise mutual goals / objectives with them	X			

# Section 10 – WORKING RELATIONSHIPS (cont'd)

ном	V OFTEN DOES YOUR JOB REQUIRE YOU TO:		Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to:					
	<ul><li>Provide information</li></ul>			X		
	<ul> <li>Respond to questions</li> </ul>			X		
	<ul><li>Make presentations</li></ul>		X			
<b>(i)</b>	Talk with other employees to:					
	Get information from them				X	
	■ Inform them			X		
	Counsel / persuade them					
	Give them advice on work procedures			X		
	Get advice from them on work procedures			X		
	<ul> <li>Get cooperation from other parts of the organization on projects and p</li> </ul>	rograms		X		
	Other (specify)					
<b>(j</b> )	Talk to vendors, contractors, consultants, government agencies and other					
	Get information from them			X		
	<ul> <li>Confer with peer professionals</li> </ul>		X			
	■ Inform them		X			
	<ul> <li>Arrange for services</li> </ul>				X	
	<ul> <li>Devise mutual goals / objectives with them</li> </ul>			X		
	<ul> <li>Lead meetings</li> </ul>		X			
	Check on their progress			X		
	<ul><li>Other (specify)</li></ul>					
		**************************************	mplete" (	or "No" is so	elected):	
	sponses to the question:   Complete Incomplete					
ou ag	ree with the responses:					
			Sune	rvisor's Init	ials:	
	_		_ Supe	TABOL S IIII		

Purpose: This section gathers information on the likelihood of impact of action occurring when car responsibility for actions, resources and services, and the extent of the losses.	rying out the duties of the job. Consider th	e
When carrying out your job duties and responsibilities, what is the likelihood of your actions having an impact of and not considered as carelessness, willful neglect or extreme circumstances.	r an outcome on the following? Such effects a	are typic
Injury or discomfort of others If yes, please provide an example(s):	Is an impact likely? Yes □	No [
Embarrassment in public, client / patient / resident, families, business or employee relations If yes, please provide an example(s):	Is an impact likely? Yes 🖂	No [
<ul> <li>◆ Inappropriate sensitivity to cultural safety and responsiveness may result in minor impacts to client relative Delays in processing or handling of information or in the delivery of services</li> <li>If yes, please provide an example(s):</li> <li>◆ Delays in ordering supplies may delay program delivery.</li> </ul>	Is an impact likely? Yes 🖂	No [
Actions which impact on departmental / site / agency / SHA / affiliate operations If yes, please provide an example(s):	Is an impact likely? Yes	No [
Damage to equipment / instruments  If yes, please provide an example(s):  Damage to cooking equipment may have a minor impact on department budget.	Is an impact likely? Yes	No [
Loss of or inaccurate information  If yes, please provide an example(s):  Inaccurate record keeping may impact department budget.	Is an impact likely? Yes	No [
Financial losses including withdrawal of commitment or withholding of funds If yes, please provide an example(s):  Inaccuracies in food purchases may result in a small monetary loss.	Is an impact likely? Yes $\boxtimes$	No [
Other –  If yes, please provide an example(s):	Is an impact likely? Yes □	No [
**************************************	*****	
responses to the question:   Complete Incomplete	leted if "Incomplete" or "No" is selected):	
agree with the responses:	Supervisor's Initials:	

# Section 12 – LEADERSHIP/SUPERVISION

	thers information of able them to carry		upervise others, lead others and / or provide functional guidance or technical
Leadership refers to the require carry out their job. <b>Do not inc</b>			rs, provide functional guidance or provide technical direction to enable other employees
Specify any jobs or work group	o as appropriate, und	er one or more of these ca	tegories. Check all that apply and provide examples.
☐ Familiarize new employees	with the work area	and processes	Examples Volunteers, students, staff
Assign and/or check work	of others doing work	similar to yours	
Lead a project team, priorit achieve planned outcome(s		k, monitor progress to	
Provide functional advice / tasks	instruction to others	in how to carry out work	
Provide technical direction carry out their primary job		d in order for others to	
Provide input to appraisal,	hiring and/or replace	ment of personnel	
Coordinate replacement and	d/or scheduling of er	nployees	
☐ Supervise a work group; as take responsibility for all the		e, methods to be used, and	
☐ Supervise the work, practic	es and procedures of	a defined program	
☐ Supervise the work, practic	es and procedures of	a department	
Provide counseling and/or	coaching to others		
Provide health promotion /	outreach (teaching /	instruction)	
Other (specify)			
	******	*******	*******
ERVISOR'S COMMENTS – LE	ADERSHIP/SUPE	RVISION	
the responses to the question:	☐ Complete	☐ Incomplete	COMMENTS ( <u>must</u> be completed if "Incomplete" or "No" is selected):
ou agree with the responses:	☐ 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		FREQUENC	Y	WEIGHT
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Carrying/lifting	15%			X	L-M
Walking	50%			X	L
Sitting	20%			X	
Food preparation/cleaning	50%			X	
Driving	10%	X			
Computer operation	5 – 10%	X			
		-			
		-			
		-			
		-			
	-				
		-			
	<u>II</u>	1			

Section	13_	PHYSICAL	DEMANDS	(cont'd)
Section	15 -			(COME U)

(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			
Approximate % of time/day	Occasional	Regular	Frequent	
50%			$\boldsymbol{X}$	
10%			X	
5%	X			
10%	X			
5 – 10%	X			
	Approximate % of time/day 50% 10% 5% 10%	Approximate % of time/day         Occasional           50%         10%           5%         X           10%         X	Approximate % of time/day  50%  10%  X  10%  X	

	*******	*******	***************
SUPERVISOR'S COMMENTS – PHY	SICAL DEMANI	OS	
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	
Reading	30 – 40%			X	
Filing	5%	X			
Food preparation/cleaning	50%			X	
Driving	10%	X			
Computer operation	5 – 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	
Communication	50%			X	
Telephone	5%		X		
		-			

Section	14 – SENSORY DEMANDS	(cont'd)		
(c)	Must attention be shifted free	quently from one job d	etail to another?	
•	Examples: keyboarding and	answering the telephor	ne; dictatyping; repairin	g and listening to equipment
	Yes 🖂 N	о		
	If yes, please give <b>examples</b> :			
	♦ Listening to various clie	nts while providing ge	eneral instruction.	
		****	*******	****
UPER	VISOR'S COMMENTS – S			
re the	responses to the question:	☐ Complete	☐ Incomplete	COMMENTS ( <u>must</u> be completed if "Incomplete" or "No" are selected):
o 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			
Chemical substances (specify): <i>Cleaning solutions</i>		X	
Cold	X		
Congested workplace:			
Dust			
Extreme temperature			
Foul language	X		
Grease	X		
Head lice			
Heat	X		
Inadequate lighting			
Inadequate ventilation	X		
Insects, rodents, etc.			
Interruptions	X		
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines	X		
Noise			
Odor	X		
Oil			
Radiation exposure (specify)			
Second-hand smoke			
Soiled linens	X		
Steam		X	
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			
Blood / body fluids			
Chemical substances (specify) <i>Cleaning solutions</i>	X		
Traveling in inclement weather	X		
Excessive / unpredictable weights	X		
Exposure to infectious disease (specify)			
Extreme noise			
Faulty / inadequate equipment			
Personal injury			
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects	X		
Small aircraft			
Steam	X		
Verbal and/or physical abuse			
Violence			
Working from heights			
Other (specify)			

Section	n 15 – WORKING COM	NDITIONS (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 an	swer:				
	◆ PPE, WHMIS, TI	LR				
CLIDE	NATEO DE COMMENTA			*******		
SUPEI	RVISOR'S COMMEN	TS – WORKING CONDIT		COMMENTS (must be completed if "Incomplete" or "No" are selected):		
	the responses to the question:  Our agree with the responses:  Yes	<ul><li>☐ Incomplete</li><li>☐ No</li></ul>				
				,		
				Supervisor's Initials:		

	add any additional information or comments and	reference the specific JFS section and question as appropriate.	
_			
_			
	ı 17 – SIGNATURES		
	Single job submission: NAME: (	lease Print Legibly):	
	CICNA TUDE		
		DATE.	
		DATE:	
		DATE:  DOING THE SAME JOB). Please print your name, then sign:	
		DOING THE SAME JOB). Please print your name, then sign:	
	Group submission (NAMES OF EMPLOYEE	DOING THE SAME JOB). Please print your name, then sign:  SIGNATURE:	
	Group submission (NAMES OF EMPLOYEE NAME:	DOING THE SAME JOB). Please print your name, then sign:  SIGNATURE:  SIGNATURE:	
	Group submission (NAMES OF EMPLOYEE  NAME:	DOING THE SAME JOB). Please print your name, then sign:  SIGNATURE:  SIGNATURE:  SIGNATURE:	
	Group submission (NAMES OF EMPLOYEE NAME:	S DOING THE SAME JOB). Please print your name, then sign:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:	
	Group submission (NAMES OF EMPLOYEE NAME:	S DOING THE SAME JOB). Please print your name, then sign:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:	
	Group submission (NAMES OF EMPLOYEE NAME:	S DOING THE SAME JOB). Please print your name, then sign:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:	
	Group submission (NAMES OF EMPLOYEE NAME:	SDOING THE SAME JOB). Please print your name, then sign:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:	

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

# **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

# $\mathbf{O}$

- 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