

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #495 – Dispatcher</u>

Section 1 – INTRODUCTION

PLEASE PRINT

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 26, 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 26.
- 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.

Section 2 – ORGANIZATIONAL WORK CHART This section gathers information regarding the organization in which your job functions. **Purpose:** Complete the Chart below: Be sure to write in the **Provincial JE Job Title of the position – not** the name of the person currently in the job. SUPERVISOR'S COMMENTS - ORGANIZATIONAL WORK Title of your immediate Out-of-Scope Supervisor CHART 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): Title of your immediate Supervisor (if different than above) Your current Provincial JE Job Title Supervisor's Initials: Your current Provincial JE Job Number: **Provincial JE Job Titles that report directly to you (if applicable)**

| Section 3 – JOB IDENTIFICATION | | | | | |
|--|---------------------------------|--------------------------------|---------------|------------------------|---|
| Purpose: This section g | gathers basic identifying | g material so we can keep tra | ick of comp | oleted Job Fact S | heets. |
| Provide your name and work telephone r | number(s) for contact pur | poses. For group JFS submis | sions, please | e note the name ar | nd telephone number(s) of the contact person. |
| Name of person completing the JFS for a ARE DOING THE SAME JOB): | a single employee, or cor | ntact person for group JFS sub | mission (ON | NLY COMPLETE | E A GROUP SUBMISSION IF ALL EMPLOYEES |
| Name (Print): | | | | | Employee No.: |
| Work Telephone: | | E-Mail Address: | | | |
| Regional Health Authority/Affiliate: | | | | | |
| Facility/Site: | | | Departn | nent: | |
| See Section 18 on page 28 for signatures | | | | | |
| Provincial JE Job Title: | | | | | Date: |
| Provincial JE Number: | | Office use on | y: | JEMC No. | <u>M</u> |
| | | | | | |
| Section 4 – JOB SUMMARY | | | | | |
| Purpose: This section of | lescribes why the job ex | xists. | | | |
| Briefly describe the general purpose of the | his job: <i>Responsible for</i> | receiving, documenting and | responding | to calls for porter | ing services. |
| Tips: Consider "Why does this job exist?" an Think about what you would say if son you about your job. You may wish to begin with:"The (Job is responsible for" | meone approached you a | nd asked | | | |
| SUDEDVISOD'S COMMENTS IOI | | ***** | ***** | ***** | ***** |
| SUPERVISOR'S COMMENTS – JOH | | | СОММ | IENTS (<u>must</u> be | completed if "Incomplete" or "No" is selected): |
| Are the responses to this question: | Complete | Incomplete | | | |
| Do you agree with the responses: | Yes | No No | | | Supervisor's Initials: |
| | | | | | A |

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: $\frac{1}{2}$ day every day per year = 50%; 3 months per year = 25%; 2 $\frac{1}{2}$ 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: <i>Dispatch Services</i> | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
|--|---|
| Duties/Responsibilities: Receives and prioritize phone calls for portering services. Relays messages and information to or from porters, supervisors and clients. Dispatches portering services and equipment to appropriate locations according to client request, specifications or needs. Maintains logs of the daily activities of portering services. Discusses portering issues with clients and supervisors. | 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): |

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: Clerical Duties

Duties/Responsibilities:

- Data entry.
- Faxes, photocopies and performs filing duties.
- Answers phone and takes messages.

| Are the responses to this quest | ion: 🗌 Complete | Incomplete |
|--|-----------------------|------------------------------|
| Do you agree with the respons | es: 🗌 Yes | No No |
| COMMENTS (<u>must</u> be complet | ed if "Incomplete" of | "No" is selected): |
| | | |
| | Supervisor's I | nitials: |
| SUPERVISOR'S COMMENT Are the responses to this quest | | |
| Do you agree with the respons COMMENTS (<u>must</u> be complet | | □ No • "No" is selected): |
| | | |
| | | |
| | | |
| | Supervisor's I | nitials: |

Key Work Activity C: Porter / Transport

Duties/Responsibilities:

- Transports patients and related documents to and from units (e.g., therapy, appointments, morgue).
- Monitors patient devices during transport (e.g., intravenous pumps).
- Assists with transferring patients (e.g., to beds, chairs, stretchers, bathrooms).
- Transports equipment and instruments.
- Transports linens, supplies, x-rays and mail.
- Transports medications, blood and blood products and specimens.

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity D:

Duties/Responsibilities:

- *Requisitions replacement stock.*
- Performs general cleaning duties.
- May show others how to perform tasks or duties by familiarizing new employees with the work area or processes.

| SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
|---|
| Are the responses to this question: 🗌 Complete 🛛 Incomplete |
| Do you agree with the responses: Yes No |
| COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): |
| |
| Supervisor's Initials: |
| SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
| Are the responses to this question: Complete Incomplete |
| Do you agree with the responses: Yes No |
| COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): |
| |
| Supervisor's Initials: |

Key Work Activity E:

Duties/Responsibilities:

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".

| 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 transport details</i> . | | | | X |
| Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Stat requests.</i> | | X | | |
| Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines Example: | . 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 dec and provide examples) | eision-making requi | rements of this job gu | uided by others (check all responses that apply | Almost never | Sometimes | Often | Most of the time |
|------------------|---|---------------------|------------------------|---|-----------------|---------------|-------------------|------------------------|
| | Immediate supervisor | | | | | | v | |
| | Example: | | | | | | X | |
| | Others in own program/depa | artment | | | | v | | |
| | Example: | | | | | X | | |
| | Others within the RHA | | | | | | X | |
| | Example: | | | | | | Λ | |
| | Departmental Management | | | | | | X | |
| | Example: | | | | | | Λ | |
| | Specialists / Clinical Expert | S | | | | X | | |
| | Example: | | | | | | | |
| | Senior Management | | | | | X | | |
| | Example: | | | | | | | |
| | Other | | | | | | | |
| | Example: | | | | | | | |
| PERVI | SOR'S COMMENTS – DE(| | ***** | ***** | | | | |
| the re | sponses to the question: | Complete | Incomplete | COMMENTS (<u>must</u> be completed if "Inco | omplete" o | or "No" is s | elected): | |
| y ou ag i | ree with the responses: | Yes | No | | | | | |
| | | | | | Supe | rvisor's Init | tials: | |
| | | | | | | Supe | Supervisor's Init | Supervisor's Initials: |
| | atcher (March 12, ź | 2045) | | | | | Page 8 | of 26 |

| Section | 7 – El | DUCATION A | ND SPECI | FIC TRAINING | | | |
|---------|--|--|-------------------------|---|----------------------|--|--|
| | Purpo | ose: T | is section g | athers information | 1 on the minimum | m level of completed formal education required for the job. | |
| (a) | | | | ted schooling or for typical minimum r | | uld be necessary for a new person being hired into this job? This does not reflect the education the job. | |
| • | | total minimum to graduation of | | | r formal training sl | should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required | |
| | (i) | High School: | | Grade 10 | Grade 11 | Grade 12 🖂 | |
| | (ii) | Technical/Vo | cational/Cor | nmunity College: | 1 year 🗌 | 2 years 3 years | |
| | | Specify (Do | 10t use abbre | eviations): | | | |
| | (iii) | Licensed Tra Specify (Do | • | r 2 years eviations): | | rs 4 years 5 years | |
| | (iv) | University: Specify (Do | 3 year not use abbre | - | | ers | |
| (b) | Is any | y Provincial, N | ational or pre | ofessional certificat | ion mandatory? | Yes No | |
| | | | - | | - | ation / registration body (do not use abbreviations): | |
| | | | _ | | | | |
| (c) | What | t additional spe | cial skills, tra | aining, or licenses a | are needed to perfo | form the job? Indicate the length of the course/program: | |
| | Speci | ify (Do not use | abbreviatior | ns): | | | |
| | Basic computer skills Communication skills Interpersonal skills Organizational skills | | | | | | |
| SUPER | VISO | R'S COMME | NTS – EDU | CATION AND SH | PECIFIC TRAIN | NING | |
| Are the | respo | onses to the qu | estion: | Complete | Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): | |
| Do you | agree | with the resp | onses: | Yes | No No | | |
| | | | | | | Supervisor's Initials: | |

| P | | section gathers informations end of the section gathers information and the section of the secti | | | d for a job. Relevant experience may include previous job- |
|----------|--|--|----------------------------|------------------------------|--|
| | he minimum relevant carry out the requirem | | or to and/or (b) on-the-jo | b, that is required for a ne | w person with the education recorded in Section 7 to acquire the s |
| 🕨 F | or part (b), ask yourse | lf, "Is previous related job lf, "Is time on the job requi tory, practicum, clinical o | ired to learn new tasks a | nd responsibilities or to a | djust to the job? If so, how much?" 7, Education and Specific Training. |
| R | equired previous relat | ed job experience (do not i | nclude practicum or a | prenticeship if covered | in Section 7 – Education and Specific Training) |
| Γ |] None | 🛛 6 months | 1 year | 3 years | 5 years |
| | Up to 3 months | 9 months | 2 years | 4 years | Other (specify) |
| • | - | e requirements gained on pr twious experience working | - | | |
| А | verage time required | on the job to learn and/or a | djust to this job: | | |
| | 1 month or fewer | \boxtimes 6 months | 1 year | 3 years | |
| | 3 months | 9 months | 2 years | Other (specify) | |
| D | Describe the tasks and i | responsibilities that need to | be learned in order to sa | tisfy the requirements of | this job: |
| • | Six (6) months on | the job to become familiar | with the facility and wi | th region/facility/departm | ent policies and procedures. |
| PERV | ISOR'S COMMENT | | ****** | ***** | ****** |
| | esponses to the questi | on: Complete | Incomplete | COMMENTS (<u>mu</u> | <u>ust</u> be completed if "Incomplete" or "No" is selected): |
| e the re | esponses to the questi | | | | |
| | gree with the response | es: 🗌 Yes | No | | |

Section 9 – INDEPENDENT JUDGEMENT

| | Purpose: This section | on gathers information | on the extent to whic | th the job exercises independent action. |
|--------|--|-----------------------------|--------------------------|--|
| | s require some independent as actions that have no preceden | | rees. Some jobs are hig | ghly structured and have many formal procedures, while others require exercising judgement or |
| | er the type and level of guidated states of guidated states and level of guidated states and states | | | om rules, instructions, established procedures, defined methods, manuals, policies, professional |
| (a) | To what extent does this job directing actions required? | o control its own work as | s opposed to being guid | led by influences such as rules, procedures, policies, supervisory presence or instructions |
| | Please check the answer the | hat most closely repres | ents expected job requ | uirements. |
| | Most job requirements (| to the extent possible) an | e set out within structu | re and rules and/or readily understood schedules to guide job tasks/duties required. |
| | Some restrictions apply, | but the control over set | ing work priorities and | pace of work is contained within the job. |
| | There are minimal restri | ctions, leaving significant | nt control over the work | k being carried out within the scope of the job. |
| | Other (please explain): | | | |
| (b) | To what extent does this jol | exercise judgement to o | letermine how the wor | k is to be done? |
| | Please check the answer the | hat most closely repres | ents expected job requ | uirements. |
| | Work is mostly repetitiv | ve and predictable with l | ittle need for judgemer | nt. Example: |
| | Work may present som | e unusual circumstances | that require judgement | t or choices to be made. Example: |
| | • Patient's condition ch | anges during transport. | | |
| | ☐ Work presents difficult | choices or unique situat | ons that require judger | nent. Example: |
| | | **** | **** | **** |
| SUPE | RVISOR'S COMMENTS - | INDEPENDENT JUD | GEMENT | COMMENTS (must be completed if "Incomplete" or "No" is selected): |
| Are th | e responses to the question: | Complete | Incomplete | COMMENTS (<u>must</u> be completed in Incomplete of No is selected): |
| Do you | agree with the responses: | Yes | 🗌 No | |
| | | | | |
| | | | | 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.

(a) 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
- E Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- **G** Negotiation of service and / or supply agreements

| | | Che | eck of | 'f all t | CONT hat aj f appl | pply | |
|--|---|-----|--------|----------|--------------------------|------|---|
| | Α | В | С | D | Е | F | G |
| Employees in the same department | | X | X | X | | | |
| Employees in another department/site (specify) | | X | | | | | |
| Students | | X | | | | | |
| Supervisor / supervisors of programs / departments or services | | X | X | X | | | |
| Clients / patients / residents | | X | X | | | | |
| Family of clients / patients / residents | | X | | | | | |
| Physicians | | X | | | | | |
| Business representatives | X | | | | | | |
| Suppliers / contractors | | X | | | | | |
| Volunteers | | X | | | | | |
| General Public | | X | | | | | |
| Other health care organizations or agencies | X | | | | | | |
| Professional organizations / agencies | X | | | | | | |
| Government departments | X | | | | | | |
| Social Service establishments | X | | | | | | |
| Community Agencies | 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.

| ноч | 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 | X | | | |
| | Physicians | X | | | |
| | Other (specify) | | | | |
| (d) | Have contact with extreme / special needs clients / patients / residents? | | | | |
| | Specify: Clients with disabilities | | X | | |
| (e) | Talk with clients / patients / residents to: | | | | |
| | Get information from them | | | X | |
| | Inform them | | | X | |
| | Counsel them | X | | | |
| | 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 | X | | | |
| | 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)

| нои | V 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 / <i>persuade</i> 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 program | 3 | X | | | |
| | Other (specify) | | | | | |
| (j) | Talk to vendors, contractors, consultants, government agencies and other externa | l 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): | · | | | | |
| | | | | | | |
| | ************************************** | ************************************** | mplete" (| or "No" is s | elected): | : |
| ou agi | ree with the responses: | | | | | |
| 8 | | | Supe | rvisor's Init | tials: | |
| | | | | | ····· | |

Section 11 – IMPACT OF ACTION

Purpose: This section gathers information on the likelihood of impact of action occurring when carrying out the duties of the job. Consider the responsibility for actions, resources and services, and the extent of the losses.

When carrying out your job duties and responsibilities, what is the likelihood of your actions having an impact or an outcome on the following? Such effects are typical and not considered as carelessness, willful neglect or extreme circumstances.

| Injury or discomfort of others If yes, please provide an example(s): <i>Diligence in ensuring client is secure during transport.</i> | Is an impact likely? Yes 🖂 | No 🗌 |
|---|---|------|
| Embarrassment in public, client / patient / resident, families, business or employee relation of the provide an example(s): Failure to prioritize dispatch may cause stress for families. | Is an impact likely? Yes 🖂 | No 🗌 |
| Delays in processing or handling of information or in the delivery of services If yes, please provide an example(s): <i>Failure to prioritize incoming requests may cause delay in services.</i> | Is an impact likely? Yes 🔀 | No 🗌 |
| Actions which impact on departmental / site / agency / region operations If yes, please provide an example(s): Failure to prioritize incoming requests may cause delay in services. | Is an impact likely? Yes 🖂 | No 🗌 |
| Damage to equipment / instruments If yes, please provide an example(s): <i>Reporting equipment in need of repair.</i> | Is an impact likely? Yes 🖂 | No 🗌 |
| Loss of or inaccurate information If yes, please provide an example(s): Inaccuracies in daily logs could impact staffing. | Is an impact likely? Yes 🖂 | No 🗌 |
| Financial losses including withdrawal of commitment or withholding of funds If yes, please provide an example(s): | Is an impact likely? Yes 🗌 | No 🖂 |
| Other – If yes, please provide an example(s): | Is an impact likely? Yes 🗌 | No 🗌 |
| *************************************** | ***** | |
| Are the responses to the question: | ENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): | |
| Do you agree with the responses: Yes No | Supervisor's Initials: | |

Section 12 – LEADERSHIP/SUPERVISION

| | thers information on the requirements able them to carry out their job. | to supervise others, lead others and / or provide functional guidance or technical |
|---|--|---|
| | ments of the job to supervise others, lead lude clients / patients / residents. | others, provide functional guidance or provide technical direction to enable other employees to |
| Specify any jobs or work group | as appropriate, under one or more of thes | se categories. Check all that apply and provide examples. |
| Familiarize new employees | with the work area and processes | Examples New employees |
| Assign and/or check work o | f others doing work similar to yours | Staff |
| Lead a project team, prioriti achieve planned outcome(s) | ze tasks, assign work, monitor progress to |) |
| Provide functional advice / tasks | instruction to others in how to carry out w | /ork |
| Provide technical direction carry out their primary job | as an expert in a field in order for others to responsibilities | 0 |
| Provide input to appraisal, h | niring and/or replacement of personnel | |
| Coordinate replacement and | l/or scheduling of employees | |
| Supervise a work group; ass take responsibility for all th | sign work to be done, methods to be used, e group | and |
| Supervise the work, practice | es and procedures of a defined program | |
| Supervise the work, practice | es and procedures of a department | |
| Provide counseling and/or c | oaching to others | |
| Provide health promotion / | outreach (teaching / instruction) | |
| Other (specify) | | |
| UPERVISOR'S COMMENTS – LEA | | ************************************** |
| re the responses to the question: | Complete Incomplete | |
| o you agree with the responses: | Yes No | |
| | | Supervisor's Initials: |
| ab #405 Dianatabar (Marab 12 | 2015) | Daga 16 of 26 |

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. |

- What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job. (a)
 - ► 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

Medium weight – over 9 kg / 20 lbs

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

Heavy weight – over 23kg / 50 lbs

Regular – means the activity occurs often – between 50% - 75% of the time 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) |
| Sitting (e.g., computer, phone) | 95% | | | X | |
| Walking/standing | 5 - 10% | | | X | |
| Portering | 20% | X | | | L - H |
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Section 13 – PHYSICAL DEMANDS (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 |

| | ACTIVITY EXAMPLES | | | DURATION | FREQUENCY | | | |
|--------------------------------|-------------------|------------------------------|------------|------------------------------|------------------|-----------------|---------------|--|
| | | Approximate % of time/day | Occasional | Regular | Frequent | | | |
| Computer | | | | 95% | | | X | |
| Portering | | | | 20% | X | | | |
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| | ******** | ***** | ***** | ***** | **** | | | |
| ERVISOR'S COMMENTS – PH | YSICAL DEMANI | S | | | | | | |
| the responses to the question: | Complete | Incomplete | COMM | ENTS (<u>must</u> be comple | ted if "Incomple | ete" or "No" ai | re selected): | |
| ou agree with the responses: | Yes | □ No | | | | | | |
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| | | | | | | Supervisor's Ir | nitials: | |

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 |
|------------|---|
| 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 | |
| Computer | 95% | | | X | |
| Observing patients/equipment | 20% | X | | | |
| Reading | 10 - 20% | X | | | |
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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 | | |
|------------------------------|------------------------------|---|---|
| Approximate % of time/day | Occasional | Regular | Frequent |
| 95% | | | X |
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| | Approximate % of time/day | Approximate % of time/day Occasional | Approximate % of time/dayOccasionalRegular |

| Section | 14 – SENSORY DEMANDS | (cont'd) | | | | | | |
|---------|--|-------------------------|------------|--|--|--|--|--|
| (c) | Must attention be shifted frequently from one job detail to another? | | | | | | | |
| • | Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment | | | | | | | |
| | Yes 🖂 No | o 🗌 | | | | | | |
| | If yes, please give examples : | | | | | | | |
| | • Phone calls, portering is | ssues and stat requests | S. | | | | | |
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| SUPER | RVISOR'S COMMENTS – S | | | ****** | | | | |
| | e responses to the question: | Complete | Incomplete | COMMENTS (must be completed if "Incomplete" or "No" are selected): | | | | |
| | agree with the responses: | | | | | | | |
| | | | | | | | | |
| | | | | Supervisor's Initials: | | | | |
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| | 05 Dianatahan (Manah 4) | | | Dage 21 of 26 | | | | |

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) formaldehyde | X | | |
| Cold | | | |
| Congested workplace | | | |
| Dust | X | | |
| Extreme temperature | | | |
| Foul language | X | | |
| Grease | | | |
| Head lice | X | | |
| Heat | | | |
| Inadequate lighting | X | | |
| Inadequate ventilation | X | | |
| Insects, rodents, etc. | | | |
| Interruptions | | | X |
| Isolation | X | | |
| Latex | | | |
| Moisture | | | |
| Mold | | | |
| Multiple deadlines | | | X |
| Noise | X | | |
| Odor | X | | |
| Oil | | | |
| Radiation exposure (specify) | X | | |
| Second-hand smoke | | | |
| Soiled linens | X | | |
| Steam | | | |
| Transporting or handling human remains | X | | |
| Travel | | | |
| 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) formaldehyde | X | | |
| Traveling in inclement weather | | | |
| Excessive / unpredictable weights | X | | |
| Exposure to infectious disease (specify) HIV, TB, etc. | X | | |
| Extreme noise | X | | |
| Faulty / inadequate equipment | X | | |
| Personal injury | X | | |
| Personal safety at risk due to isolation | X | | |
| Radiation exposure (specify) | X | | |
| Sharp objects | X | | |
| Small aircraft | | | |
| Steam | | | |
| Verbal and/or physical abuse | X | | |
| Violence | X | | |
| Working from heights | | | |
| Other (specify) | | | |
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| Section 15 – WORKING CONDITIO | NS (cont'd) | | |
|---|-----------------------|-------------------------|---|
| (c) Do you have to take certain tra precaution(s) normally taken.) | ining, precautions or | wear protective clothin | g to avoid a work injury? (Check one and provide an explanation or example of the type of |
| Yes 🖂 No | | | |
| Please explain your answer: | | | |
| Personal protective equip. TLR | ment | | |
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| UPERVISOR'S COMMENTS – WO | | | ***************************** |
| Are the responses to the question: | | Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected): |
| Do you agree with the responses: | | No No | |
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| | | | Supervisor's Initials: |

| Sectio | ection 16 – OTHER COMMENTS | | | | | |
|---|---|--|-------------|--|--|--|
| Please add any additional information or comments and reference the specific JFS section and question as appropriate. | | | | | | |
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| Sectio | on 17 – SIGNATURES | | | | | |
| (a) | Single job submission: NAME: (Please Print) | nt Legibly): | | | | |
| | SIGNATURE: | DATE: | | | | |
| (b) | Group submission (NAMES OF EMPLOYEES DOING | Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). Please print your name, then sign: | | | | |
| | NAME: | SIGNATURE: | | | | |
| | NAME: | SIGNATURE: | | | | |
| | NAME: | SIGNATURE: | | | | |
| | NAME: | SIGNATURE: | | | | |
| | NAME: | SIGNATURE: | | | | |
| | NAME: | SIGNATURE: | | | | |
| | NAME: | SIGNATURE: | | | | |
| | DATE: | | | | | |
| | | RESOURCES DEPARTMENT OR AFFILIATE ADMINISTRATOR/EXECU | <u>TIVE</u> | | | |
| | <u>DIRECTOR</u> | | | | | |

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

B

- 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

E

• Education

- 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

Ι

- Installations
- Investigations

L

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

Μ

- 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

Ν

- 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

Р

- 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

- 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

Т

- 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

W

• Word processing and typing function