

# Adult Community Residences Pay Equity Program

Questionnaire Number



## Job Analysis Questionnaire

## Introduction

This Job Analysis Questionnaire is intended to collect information towards the pursuit of achieving pay equity in the Adult Community Residence sector.

**The information you provide will not be used to assess your individual performance or your workload.** The information will be analyzed only for the purpose of the pay equity program. All information gathered will establish the value of the job, to determine if any pay inequity exists in the Adult Community Residence sector.

While at work, you perform a set of duties that;

- requires qualifications,
- involves various types of responsibilities,
- requires efforts (physical and intellectual), and
- requires you to operate under certain working conditions.

### **EMPLOYEE – STEPS TO FOLLOW:**

1. Please read the Job Analysis Questionnaire carefully, and complete each section using a **pen**. If you find that some questions do not relate to your job, please write in "not applicable" N/A.
2. In completing each section, be as specific and concise as you can.
3. Once you have completed the Job Analysis Questionnaire, please complete the signature section and then forward it to your Immediate Supervisor for review.

### **IMMEDIATE SUPERVISOR – STEPS TO FOLLOW:**

1. Please review all sections of the completed questionnaire thoroughly and add any additional information or comments in the Immediate Supervisor's section.
2. **DO NOT CHANGE EMPLOYEE'S RESPONSES.**

**Once your Immediate Supervisor has signed off on the Job Analysis Questionnaire, please send the original to the Women's Issues Branch using the enclosed self-addressed stamped envelope.**

If you require assistance, please call our toll free number 1-877-253-0266 or email [nbwagegap@gnb.ca](mailto:nbwagegap@gnb.ca).

**Please complete the following information:**

**Region:**

- |                                      |                                     |                                      |  |
|--------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Moncton     | <input type="checkbox"/> Saint John | <input type="checkbox"/> Fredericton | <input type="checkbox"/> Edmundston        |
| <input type="checkbox"/> Restigouche | <input type="checkbox"/> Chaleur    | <input type="checkbox"/> Miramichi   | <input type="checkbox"/> Acadian Peninsula |

**Language of Work:**

- |                                  |                                 |                               |
|----------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Both |
|----------------------------------|---------------------------------|-------------------------------|

**Type of Shift:**

- |                                   |                                       |                                     |                                     |
|-----------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Day only | <input type="checkbox"/> Evening only | <input type="checkbox"/> Night only | <input type="checkbox"/> Shift work |
|-----------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|

**Job Title:**

- Direct Caregiver
- Supervisor/Direct Caregiver

## Description of Key Work Activities:

The following section lists key work activities that may be performed. Please identify by placing a checkmark in the appropriate boxes, the activities that apply to your job:

### Admission and Orientation

- Complete admission forms
- Facilitate a gradual integration of new residents (impact on daily routines and other residents...)
- Orient new residents on residence rules, residence tour, daily routine, introduction to other residents and employees...
- Orient next of kin/legal representative on the residential environment, rules, expectations of next of kin/legal representative...
- Conduct an inventory of a resident's personal belongings
- Purchase items for residents, if required (clothing, toiletries, shoes...)
- Provide residents with information concerning community resources (bus services, social activities, religious institutions, day programs, parks...)

### Individual Service Plan

- Observe and identify the strengths and challenges of a resident
- Determine the needs and interests of a resident
- Research and then with the resident develop and implement a goal specific program that helps the resident attain and maintain an optimal personal level of functioning, self-care and independence (interpersonal skills, life skills, behaviour management, independent living and other activities of daily living, eating habits, sexual education...)
- Guide, assist and support the resident in developing and maintaining a healthy lifestyle
- Advocate on behalf of the resident to Social Development, employers, vocational/day programs (Adapted GED program, Literacy programs, ADAPT) and the community
- Encourage next of kin/legal representative to participate in the resident's life (visits, letters, special occasions, invitations, phone calls)
- Encourage resident to communicate with next of kin/legal representative
- Provide observations and information regarding the resident to health and other professionals
- Supervise activities of daily living (family visits, recreational activities...)
- Prepare and submit progress reports
- Contact Management, Social Workers, health and other professionals, next of kin/legal representative or community resources concerning matters related to a resident
- Accompany resident to court hearings and provide information to court officials (written affidavits, testify)
- Guide and assist the resident to follow the conditions of the probation order

## Description of Key Work Activities (con't):

### Daily Activities

- Supervise residents at all times, while they are in the residence
- Guide and assist residents with their wake up and bedtime routines
- Guide and assist residents in completing their assigned household chores (making beds, laundry, dishes, sweeping...)
- Guide and assist residents in time management (meal times, activities, chores)
- Guide and assist residents in preparing meals and snacks according to *Canada's Food Guide* and the needs of residents (diet, cultural and religious practices, allergies and/or medical conditions)
- Guide and assist residents in preparing for and attending vocational/day programs (Adapted GED program, Literacy programs, ADAPT)
- Organize and deliver skill development activities to residents (personal care, cooking lessons, arts and crafts, gardening, how to tell time, computer programs...)
- Coordinate, schedule and accompany residents to various appointments and activities
- Guide and assist residents in developing social, interpersonal and communication skills
- Guide and assist residents to integrate into the community
- Encourage the community to interact with residents (waiters, cashiers, neighbours...)
- Offer guidance to residents on their spending choices
- Assist residents in developing money management skills
- Accompany and participate in volunteer work with residents (SPCA, community events, Meals on wheels...)
- Transport residents to various appointments, activities, meetings, day programs, etc.

### Safety and Security

- Contact Police and/or other appropriate individuals such as on-call personnel during crisis situations (Out of control behaviour, missing residents, criminal related activities...)
- Implement safety and security procedures for all residents during a crisis situation (medical emergency, suicide attempts, self harm, dangerous behavioural outbursts, fights)
- Implement emergency plans (fire, evacuation, pandemic, power outages...)
- Perform routine safety checks (windows, doors, hallways, stairs, sharp objects, lighters, smoke detectors, alarm system ...)
- Perform periodic bed checks on residents during the night
- Store and dispose sharp objects appropriately
- Supervise residents when they are smoking
- Identify and report to management when equipment, furniture, games or vehicles are unsafe and in need of repairs or replacement

## Description of Key Work Activities (con't):

### Safety and Security (con't)

- Secure all cleaning supplies and other hazardous materials
- Follow procedures for proper disposal of waste and hazardous materials
- Perform routine fire drills according to residential service standards
- Monitor real time surveillance cameras and auditory monitors
- Lock up all prescription and non-prescription medication
- Lock up money (petty cash, residents' money...)
- Clear all entrances and exits of snow and ice

### Administrative Duties

- Read communication book and other pertinent information in order to be informed of what has transpired and for upcoming events
- Record pertinent information in the communication book
- Update Direct Care Givers at shift change (in person)
- Record financial expenditures in order to account for money spent during your shift
- Verify cash balance on a routine basis

#### *Documents to prepare:*

- Incident reports
  - Medical reports (doctor, therapist, dentist, optometrist, seizures...)
  - Individual program outcomes
  - Charting/checklists
  - Behaviour reports
  - Resident progress reports
  - Data summaries
  - Visitation reports
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- Complete a variety of forms (time sheets, mileage, activities...)
  - Management of documents (filing, faxing, photocopying...)
  - Provide orientation and training to new staff, student placements and volunteers
  - Call in replacement staff when required
  - Organize and modify daily activities (cancellations, appointments, emergency situations, unforeseen circumstances)
  - Record a daily log on each individual resident

## Description of Key Work Activities (con't):

### Administrative Duties (con't)

- Prepare, participate and make recommendations in Health and Safety meetings (inspections, investigations, complete forms)
- Prepare and facilitate information sessions for staff as a result of attending professional development sessions
- Manage residents' comfort and clothing allowance
- Prepare and participate in staff meetings
- Prepare and facilitate meetings for residents
- Investigate and record concerns and complaints from residents and the community and take appropriate action
- Participate in fundraising activities
- Act as the financial trustee for residents

### House Duties/Maintenance

- Vacuum, sweep and mop floors
- Clean and disinfect the residence (daily, weekly and seasonal cleaning)
- Assemble and repair household items and equipment
- Do laundry
- Fill containers and dispensers (soap, paper towel, salt and pepper shakers, sugar bowl)
- Organize and stock shelves (food, cleaning supplies, toiletry supplies)
- Empty and take out garbage and recycling boxes
- Clean dishes, utensils and food preparation areas
- Clean and disinfect appliances and medical equipment (fridge, freezer, stove, microwave, wheelchair, walker, toilet/bath chair...)
- Provide pet care
- Make beds
- Perform lawn and yard care (mowing the lawn, raking leaves, gardening)
- Perform outdoor seasonal maintenance (organize storage area, seasonal decorations, lawn furniture, equipment...)
- Perform minor residence repairs (changing light bulbs, unclogging toilets, changing taps...)
- Perform residence renovations (crack filling and painting, hanging shelves, wall papering)
- Contact repair person in case of emergency (plumber, electrician, septic cleaner...)

## Description of Key Work Activities (con't):

### Food and Nutrition

- Plan menus according to *Canada's Food Guide* and the needs of residents (diet, cultural and religious practices, allergies and/or medical conditions)
- Prepare grocery list and do the shopping
- Prepare meals and snacks according to *Canada's Food Guide* and the needs of residents (diet, cultural and religious practices, allergies and/or medical conditions)
- Supervise residents during meal time (choking, eating disorders, portions)
- Guide and teach residents proper table manners, nutrition, proper eating habits, healthy choices, etc.
- Adhere to food safety standards (check and log temperature of fridge/freezer, expiry dates, store food in containers once open)

### Personal Care

- Guide residents in completing their hygiene routine and provide assistance when necessary (shower/bath, nail care, hair care, dental care, toileting...)

*Provide personal care to residents:*

- Dressing
  - Bathing
  - Sponge baths
  - Make-up
  - Hair care
  - Shaving
  - Nail care
  - Foot care
  - Mouth and denture care
  - Menstrual care
  - Transferring and lifting
  - Skin care
  - Eye and ear care
  - Incontinence care
  - Toileting
- Perform resident specific delegated functions (tube feeding, evacuating bowels, diabetic testing, insulin injections, catheters, colostomy care, mist machines, speech therapy, physical therapy, occupational therapy...)
  - Operate specialized equipment (Hoyer lift, wheelchair, prone stander, bath seats...)



## Description of Key Work Activities (con't):

### Health Management

- Develop and implement various exercise programs and routines
- Schedule and accompany residents to various health related appointments and provide current health information to health and other professionals
- Manage prescription and non-prescription medication (counting, dispensing, and administering medication; calling in and picking up prescriptions; locking medication; recording information in files; verifying expiry dates...)
- Provide First Aid treatment (seizures, injuries, burns, infections...)
- Monitor residents for potentially infectious conditions or changes in medical statuses and take appropriate action
- Use universal precautions practices (wearing gloves, masks...)
- Provide care and supervision for hospitalized residents

### Behaviour Management

- Use approved crisis interventions to intervene in out of control situations
- Use approved interventions to reinforce positive behaviours and to reduce disruptive behaviours
- Use approved interventions to reinforce positive behaviours and to redirect inappropriate behaviours
- Resolve conflicts between residents, residents and staff and residents and next of kin/legal representative
- Address resident's non-compliance issues (residence rules, fighting, running, stealing...)

### Recreational/Social Activities

- Plan, implement and participate in indoor and outdoor activities (board games, skating, sports...)
- Plan and implement activities that will encourage the participation of residents and next of kin/legal representative (birthday party, religious holidays/events, picnics)
- Plan and participate in day trips, vacations, special events (community events, sporting events, movies, concert, religious events)
- Decorate/shop/celebrate special events (religious holidays/events, birthdays...)
- Monitor the use of the television, video games, movies and music
- Monitor the use of the phone and the Internet
- Encourage residents to interact with others (other residents, next of kin/legal representative, community members...)

## Description of Key Work Activities (con't):

### Supervisory Responsibilities of Employees (if applicable)

- Provide ongoing supervision, guidance, instruction and support to employees
- Reinforce to staff that the rights and needs of residents are respected
- Address non-compliance of operational standards, policies and procedures
- Participate in performance appraisals (probationary period, annual reviews, professional development, mandatory training)
- Coordinate training needs of employees
- Participate in the recruitment process (interviews, employment documentation...)
- Provide orientation to new employees
- Manage household expenditures (groceries, banking...)
- Conduct staff meetings
- Review and approve individual service plans and programs
- Maintain files (personnel files, resident files...)
- Manage daily residence events (scheduling, next of kin/legal representative complaints, staff complaints/conflicts, staff-to-resident ratios, replacement staff)
- Collect and analyze data and compile reports (resident reports, behaviour reports...)
- Participate in case conferences and provide information as needed
- Make suggestions and recommendations to management on operational issues
- Authorize special requests (day trips, special expenditures, extra staffing, schedule changes...)
- Provide after hours on-call support and guidance and take appropriate action
- Communicate with external stakeholders, as needed (i.e. community relations)

Please specify **any other** key work activities that you may perform:

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# Required Qualifications

## Education

Level of education or formal training required. **(Please note that this section *is not* referring to the education that you have, but rather what you think should be required to do the job.)**

(Please check one box only.)

- Less than High School
- Less than High School with related training
- High School or equivalent
- High School or equivalent with related training
- High School plus one-year post-secondary program (i.e. Certificate)
- High School plus two-year post-secondary program (i.e. Diploma)
- Undergraduate Degree in related field

Other courses/training required, please specify:

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## Experience

What is the **minimum** amount of experience required for a new person to acquire the skills needed to carry out the requirements of this job? (**Experience may be acquired in any related work or in any pertinent life experience.**)

- Less than 3 months
- From 3 months to less than 6 months
- From 6 months to less than 12 months
- From one (1) year to less than two (2) years
- From two (2) years to less than three (3) years
- From three (3) years to less than five (5) years
- Five (5) years or more

## Dexterity and Coordination

Using the chart below:

- Please provide examples of activities that require dexterity and coordination, that are applicable to your job.
- Please check off **fine** motor skills, **gross** motor skills or **fine and gross** motor skills where they apply.
- Place a checkmark indicating the frequency of the activity.

### Fine and Gross Motor Skills:

- **Fine motor skills:** using small muscles, i.e. keyboard/writing skills, dressing/assisting residents with dressing, repairing small equipment, administering medication, assembling objects, changing incontinence pads, picking up small objects
- **Gross motor skills:** using large muscles, i.e. using long-handled tools such as mops and brooms, stocking shelves, folding laundry, sorting mail, lifting/carrying, climbing/bending, running

### Frequency:

- **Occasionally**– Once in a while, when necessary
- **Often** – On a regular basis

ACTIVITY EXAMPLES	DEXTERITY/ COORDINATION			FREQUENCY	
	Fine	Gross	Fine & Gross	Occasionally	Often
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Responsibilities

## Accountability / Decision Making

For each situation, please indicate the response that most appropriately describes your job.

When there is a situation you have not come across before, do you... (check all responses that apply)	Never	Sometimes	Often	Most of the time	Not applicable (N/A)
Ask your Immediate Supervisor what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask your Immediate Supervisor for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask colleagues for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read manuals and figure out what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check guidelines and past practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide what to do based on your related experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Accountability / Decision Making (con't)

For each situation, please indicate the response that most appropriately describes your job.

When making decisions do you consult with the following: (check all responses that apply and provide examples)	Never	Sometimes	Often	Most of the time	Not applicable (N/A)
<b>Immediate Supervisor</b> Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Government Departments/Agencies (Social Development, Education, Mental Health, Public Safety)</b> Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Colleagues</b> Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Professionals (i.e. Doctors, Police, Pharmacists, etc.)</b> Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community Resources (i.e. YMCA, ADAPT centers, day programs, etc.)</b> Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other, please specify:</b> Example _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Communication/Interpersonal Relations

### TYPE OF COMMUNICATION

1) To exchange information.
2) To explain information or ideas.
3) To discuss problems with people in order to get approval, cooperation and/or coordinating activities.
4) Working with people and giving them advice in order to help them by using your professional experience and specialized knowledge.
5) Presenting arguments to convince people to take certain steps or to make decisions in order to come to an agreement or a solution.

Place a checkmark (✓) in the chart below of the people you talk with while working and using the information above, please indicate the level of communication you have with them on a regular basis.

PEOPLE YOU TALK WITH (check (✓) all that apply)	TYPE OF COMMUNICATION				
	1	2	3	4	5
<input type="checkbox"/> Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Immediate Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Executive Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Next of kin/legal representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health and Other Professionals (i.e. Extramural, Pharmacist, Mental Health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Community (YMCA, ADAPT centers, day programs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emergency Personnel (Police, Fire Department and Ambulance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hospital, doctor's office, Telecare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inspectors (i.e. Public Health, Fire Prevention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Adult Residential Facility (ARF) Coordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Staff Supervision

If you are a supervisor, do your job duties involve one or more of the following activities? If so, please provide an example.

Activity	Never	Sometimes	Often	Most of the time	Not applicable (N/A)	Example
Provide orientation to coworkers, students and volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide direction to others on how to carry out job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assign and/or check work of other staff (i.e. volunteers, students, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervise a group of staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coach/mentor work of other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that work complies with standards and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule staff/coordinate replacements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluate staff performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish staff's workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible for taking staff disciplinary measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How many employees do you supervise? \_\_\_\_\_

## Required Effort

### Intellectual Effort

Please place **one** checkmark (✓) next to the statement that best describes the challenges of your job. Please consider how much judgment and thought is required to do your job, as well as how hard the duties are to do. Also think about whether procedures and standards are available to help you in making decisions.

- Job duties are very routine with little or no choice as to the procedures used in achieving results.
- Job duties are semi-routine with few choices as to what procedures should be followed. Requires some judgment in making minor decisions.
- Job duties are somewhat complex with some choices as to what procedures should be followed. Requires a moderate level of judgment in selecting appropriate procedures and standards.
- Job duties are complex with several choices as to what procedures should be followed. Requires the use of considerable judgment in adapting procedures and standards to fit facts and conditions.
- Job duties are difficult and complex. Requires a high level of judgment where answers and solutions can only be found after careful thought and analysis.

**Intellectual Effort (con't)**

**Please provide examples to support the choice that you made on the previous page:**

**Example 1**

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**Example 2**

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**What is the most difficult aspect of your job?**

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## Concentration and Sensory Attention

Referring to the table below, please indicate the activities which you perform in your job that requires concentration and sensory attention (seeing, tasting, smelling, touching, hearing).

For each activity that pertains to your job, place a checkmark in the chart below indicating the duration and frequency.

- **Duration** - The cumulative amount of time you work on an activity.
- **Frequency** means **how often** each activity occurs within the day or week.
  - **Sometimes** – Once in a while, most days
  - **Often** – Several times a day
  - **Always** – Most working hours

ACTIVITIES REQUIRING CONCENTRATION & SENSORY ATTENTION	DURATION (cumulative)			FREQUENCY			N/A
	Up to and including 1 hr	Over 1 hr up to 2 hrs	More than 2 hrs	Sometimes	Often	Always	
Preparing written/electronic materials (i.e. log book, communication book, stats, reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing and implementing Individual Service Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with requests from residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration on precise work (handling medication, specialized medical equipment...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating/participating in staff meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating group sessions/house meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admissions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting/observing residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervising residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active listening/interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal and snack preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication (in person or telephone calls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Concentration and Sensory Attention (con't)

In performing your job duties, please provide examples where you perform **two or more activities at once** (i.e. preparing meals and interacting with residents; listening and reading, observing and speaking, observing and writing, keyboarding and answering the telephone) and/or where your attention must be shifted from one job duty to another.

### Example 1:

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### Example 2:

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### Example 3:

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## Physical Effort

For each physical activity that pertains to your job, please specify the frequency, and corresponding duration using the levels indicated below. Also, for each physical activity selected, please specify the working situation.

### Frequency

**Sometimes:** 2-3 times per week

**Frequently:** Everyday

**Duration** means the cumulative amount of time you perform the activity

Physical Activity	Frequency		Duration (cumulative)			Working Situations
	Sometimes	Frequently	Up to & including 1 hr	Over 1 hr up to 2 hrs	More than 2 hours	
Lifting, pushing, pulling, holding or moving light weights/objects (less than 10kg/22lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, pushing, pulling, holding or moving medium weights/objects (from 10kg/22lbs up to 25kg/55lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, pushing, pulling, holding or moving heavy weights/objects (more than 25kg/55lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing (stairs, ladders, etc.), running, jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending over, hunching, squatting, kneeling, climbing over, crawling, reaching, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working while seated (can get up from time to time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working while standing (including walking) (i.e. cooking, teaching tasks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performing repetitive motions (i.e. washing dishes, mopping, sweeping, vacuuming)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintaining one position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bringing a person who is agitated or experiencing a crisis under control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working in confined spaces and/or awkward positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participating in recreational activities (i.e. biking, tennis, soccer, swimming, ping pong...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Working Conditions

Please check the Unpleasant or Hazardous Environmental Conditions that you are involved in or exposed to and specify the frequency using the table below.

Frequency table: 1 – Rare (Condition seldom occurs)  
 2 – Sometimes (Condition occurs weekly, monthly, etc.)  
 3 – Often (Condition occurs several times daily)  
 4 – Continuous (Condition occurs almost all of the time)  
 N/A – Not applicable

✓	<u>Unpleasant or Hazardous Environmental Conditions</u>	<u>Frequency</u> (1, 2, 3 or 4) or N/A
	<b><u>Noisy environment</u></b> Noise level such as that in a common living area, activity room or common open air space with or without dividers, etc.	
	<b><u>Repulsive matter and odours</u></b> Vomit, waste matter, blood, etc.	
	<b><u>Confidentiality of information</u></b> Stress caused by the confidential nature of information.	
	<b><u>Time constraints</u></b> Tight, numerous, simultaneous, peak period, unforeseen deadlines, etc.	
	<b><u>Unpleasant or demanding verbal interactions</u></b> Interactions that are difficult, conflictual, hostile that require patience, comfort, tact, diplomacy.	
	<b><u>Situations involving violent physical actions</u></b> Blows, bites, kicks, spits, etc.	
	<b><u>Isolation (Safety and Security risks)</u></b> Working alone with residents, traveling alone with residents, potentially threatening situations.	
	<b><u>Unpredictable schedule and tasks</u></b> Multiple unpredictable tasks and hours of work.	
	<b><u>Dust, vapours, and chemical odours</u></b> Requires ventilation or wearing of protective equipment or a protective apparatus.	
	<b><u>Hazardous materials, contaminants, contagious tissues</u></b> Close contact with, near work, or handled, such as cleaning products, bodily fluids, etc.	



## Working Conditions (con't)

Frequency table: 1 – Rare (Condition seldom occurs)  
 2 – Sometimes (Condition occurs weekly, monthly, etc)  
 3 – Often (Condition occurs several times daily)  
 4 – Continuous (Condition occurs almost all of the time)  
 N/A – Not applicable

✓	<u><b>Unpleasant or Hazardous Environmental Conditions</b></u>	<u><b>Frequency</b></u> <b>(1, 2, 3 or 4) or N/A</b>
	<u><b>Significant temperature variations or bad weather</b></u> Going from warm inside to cold outside or vice versa (bringing residents to activities, appointments...)	
	<u><b>High or low temperatures</b></u> Which make the situation uncomfortable or unpleasant (inadequate air conditioning or heating)	
	<u><b>Difficult visual conditions (lighting, darkness, glare)</b></u> Which strain the eyes.	
	<u><b>Driving motor vehicles</b></u> Exposure to traffic, accidents and road conditions.	
	<u><b>Confined areas</b></u> Where air circulation makes it difficult to be there a long time.	
	<u><b>Limited space</b></u> Which restricts actions/motions.	
	<u><b>Dirt, grease</b></u> On skin or clothing.	
	<u><b>Shift work</b></u>	
	<u><b>On-call</b></u>	
	<u><b>Observation of violent physical actions</b></u> Fights, damage to property, assaults against somebody else	
	<u><b>Other (specify):</b></u>	



## Respondent Identification

Questionnaire Number

Respondent's Name (First and Last): \_\_\_\_\_

I hereby confirm that the information I have supplied in this questionnaire accurately reflects my job to the best of my knowledge.

\_\_\_\_\_

Date

Respondent's signature

### Note

We may have to contact you to get further information on your job. Please indicate:

Phone number (work): \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**This identification sheet will be detached from the questionnaire prior to evaluation.**