

**Job Description: Work Environment** 

Job Title: Nurse Manager Updated: 5/10/22

**Department:** Utilization Management (7440)

### **Functional Demands Rating**

**Lifting -** VERY LIGHT, **Repetitive Work** – CONTINUOUS(Computer Related Work)

Activity Level Throughout the Day (Occasional 0-33% | Frequent 34-66% | Continuous 67 to 100%)

## **Force Requirements**

1. Lifting (waist level to below shoulder level): Occasional 8 Lb.

# **Postural/Movement Requirements**

1. Sitting: Frequent

2. Standing: Occasional

3. Walking: Frequent

4. Climbing: N/A

5. Bending: Neutral 0 to 20 degrees - Continuous

6. Bending: Moderate 20 to 60 degrees - Occasional

7. Bending: Bending: Extreme 60 degrees or more - N/A

8. Reaching forward: Continuous

9. Reaching overhead: Occasional

10. Reaching Below Knee to Ground Level: N/A

11. Squat/kneel/crawl: N/A

12. Wrist position deviation: Frequent

13. Pinching/fine motor activities: Frequent

14. Keyboard use/repetitive motion: Continuous

15. Use of Both Hands: Continuous

16. Eye Hand Coordination: Continuous

17. Driving: Not Applicable

## **Sensory Requirements**

1. Taste: Not Applicable

2. Talk: Continuous(67-100% of day)

3. Smell: Not Applicable

4. Near Vision: Accurate 20/40

5. Far Vision: Accurate 20/40

6. Color Discrimination: Accurate

7. Depth Perception: Accurate

8. Hearing: Accurate

# Occupational Exposure Risk Potential

1. Bloodborne/other biologic pathogens: Not Anticipated

2. Chemical: Not Anticipated

3. Airborne/aerosolized diseases: Reasonably Anticipated

4. Extreme temperatures: Not Anticipated

5. Radioactive materials: Not Anticipated

6. Uneven surfaces or elevations: Not Anticipated

7. Extreme noise levels: Not Anticipated

8. Dust/particulate matter: Not Anticipated

9. Other (List): Not Anticipated

#### FUNCTIONAL DEMANDS KEY

### **Very-Light-Sedentary**

Lift/Carry - Occasional 0# to 15#, Frequent 0# to 10#; Push/Pull - 0# to 5# force

### Light

Lift/Carry - Occasional 16# to 30#, Frequent 11# to 20#;

Push/Pull - 6# to 15# force;

Lateral transfer - 0# to 20# (e.g. assist with patient equipment during patient transfer)

#### Medium

Lift/Carry - Occasional 31# to 50#, Frequent 21# to 30#;

Push/Pull - 16# to 25# force (e.g. 250# patient in wheelchair, or same patient in bed; multiple assist patient; empty bed or cart); Lateral Transfer - 21# to 50# (e.g. transfer of patient in bed; multiple assist)

#### Heavy

Lift/Carry - Occasional 51# to 80#, Frequent 31# to 50#;

Push/Pull - 26# to 35# force (e.g. 275# patient in wheelchair, or same patient in bed; multiple assist); Lateral Transfer – 51# to 90# (e.g. transfer of patient in bed, multiple assist)

### **Very Heavy**

Lift/Carry - Occasional 81# and above, Frequent 51# and above;

Push/Pull - 36# and above force (e.g. 300# patient in wheelchair, or same patient in bed; multiple assist); Lateral Transfer – 91# and above (e.g. transfer of maximum mobility assist patient in bed, multiple assist)