

**ESSENTIAL FUNCTIONS OF THE POSITION  
STAFF NURSE – DAJD, JUVENILE DIVISION**

**EMPLOYEE NAME:** \_\_\_\_\_

**DOCTOR:** This form identifies the essential functions of this position. Please review these essential functions and indicate in each area if the employee is medically able to perform the identified skills and abilities. In the comments box, indicate any functions in which our employee has limitations and/or any functions in which

you would like to request greater detail of either cognitive processes and abilities or physical exertion. This information will be used to assess whether our employee can fully perform this job and/or if a reasonable accommodation is needed and can be provided. You must provide your objective medical rationale in the comments box for a skill or ability that you indicate the employee cannot fully perform. You may suggest an accommodation for King County to consider. **NOTE:** The following information is not intended to represent “any and all activities” of this job that could occur on a daily basis. The development of this analysis is based on information obtained from management and line workers and to the best of their knowledge is a true and correct representation of the work performed.

**DEFINITION OF JOB AND DISTINGUISHING CHARACTERISTICS OF WORK:** Staff Nurse is responsible for providing professional nursing service for detained youth housed in a secure detention facility which operates on a 24-hour basis. The position administers prescribed medication and treatment in accordance with approved nursing techniques including, consulting and collaborating with team members, and detention officers to provide comprehensive health care services. This position is the only registered nurse on duty.

Essential Functions	Physical/Cognitive/Sensory Abilities Required <i>Seldom = 1-10%; Occasionally = 11-33%; Frequently = 34-66%; Continually = 67-100%</i>	Able to Fully Perform	Comments - Restrictions must be stated in objective measurable terms. Use medical rationale to justify restriction but do not state the diagnosis.
1. Perform work assigned and attend work on a regular and reliable basis.	<ul style="list-style-type: none"> <li>Ability to work an 8-hour shift, including working multiple shifts.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Conduct medical examinations or Triage on detained youth. Respond to medical emergencies and initiate appropriate critical measures. Assist doctors and other health team members during examinations and treatment of patients.	<ul style="list-style-type: none"> <li>Accept direct instruction and supervision, which may include receiving coaching and/or constructive action/discipline.</li> <li>Ability to perform under stress when confronted with emergency critical situations; handle multiple activities simultaneously; exercise good judgement under stressful circumstances in which working speed and sustained attention are critical to the job.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	

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	<ul style="list-style-type: none"> <li>• Ability to lift/carry up to 50 #; frequently walk; bend; reach from waist; push/pull up to 30 #; Continuous stand and movement.</li> <li>• Continuous visual ability to follow physician's written orders; observe medical conditions and test results.</li> <li>• Ability to continuously talk and listen while interacting with youth, physicians, and staff.</li> <li>• Ability to continuously stand 1 hour uninterrupted, up to 3 hours entire shift.</li> <li>• Ability to frequently reach at waist to administer injections; perform physical assessments, take vital signs, access medications, and supplies,</li> <li>• Ability to use fine finger dexterity to administer blood draws, and injections.</li> <li>• Continuous audibility to hear when determining vital signs.</li> <li>• Ability to use finger dexterity while examining youth, detecting temperature, swelling, etc.</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
3. Collect complete medical history; make a diagnosis of related health problems based on findings from history, physical exam, and lab data. Develop and implement treatment plan based on diagnosis. Implement patient care procedures; monitor youth's response to treatment. Process and maintain new and existing medical records. Provide accurate documentation of patient treatment	<ul style="list-style-type: none"> <li>• Ability to verbally communicate with youth to accurately report medical history.</li> <li>• Ability to sit 10 minutes uninterrupted, 2 hours within an entire shift while charting medical records or evaluating youth.</li> <li>• Ability to visually evaluate test results; frequently utilize finger dexterity to record data.</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Essential Functions	Physical/Cognitive/Sensory Abilities Required <i>Seldom = 1-10%; Occasionally = 11-33%; Frequently = 34-66%; Continually = 67-100%</i>	Able to Fully Perform	Comments - Restrictions must be stated in objective measurable terms. Use medical rationale to justify restriction but do not state the diagnosis.
4. Process medication orders; dispense medication to youth per physician/ARNP orders. Monitor pharmacy inventory and other medications.	<ul style="list-style-type: none"> <li>Ability to frequently walk 10 minutes at one time, 3 hours within an entire shift while dispensing medications, and maintaining inventory control.</li> <li>Ability to push/pull medicine cart up to 30 lbs; Ability to bend to access medical cart, supplies, and equipment.</li> <li>Ability to grasp medication bottles and packets.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Train Nursing Assistants and other staff including CPR training. Provide new employee orientation to clinic services.	<ul style="list-style-type: none"> <li>Ability to communicate verbally with employees when providing work direction; respond to audible emergency signals;</li> <li>Ability to administer appropriate work instructions and procedures.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Maintain a clean and orderly environment	<ul style="list-style-type: none"> <li>Physical requirements in #2</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Coordinate immunization health programs for employees	Ability to verbally communicate to educate and provide information regarding specific health programs	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Marginal Functions	Physical/Cognitive/Sensory Abilities Required <i>Seldom = 1-10%; Occasionally = 11-33%; Frequently = 34-66%; Continually = 67-100%</i>	Able to Fully Perform	<b>Comments</b> - Restrictions must be stated in objective measurable terms. Use medical rationale to justify restriction but do not state the diagnosis.
1. Perform office/clerical duties including, typing, and filing.	<ul style="list-style-type: none"> <li>Ability to finger computer keyboard, and writing instruments; continuously communicate verbally, visually observe, and the audibility to answer phones, make appointments, obtain medical release of information from youth, and process transportation requests.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Participate in quality assurance standards to meet laws, regulations, policies, and procedures.	<ul style="list-style-type: none"> <li>Ability to verbally communicate; visual capacity to observe; audibility to interpret information.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Participate in the development and evaluation of practices, policies, procedures, service delivery models, and safety and security measures	<ul style="list-style-type: none"> <li>Ability to verbally communicate; visual capacity to observe; audibility to interpret information.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**POSITION: STAFF NURSE**

**EMPLOYEE NAME:**

- ☐ Employee is medically released to fully perform the essential functions of this position on a reasonably continuous basis: \_\_\_\_\_  
(Start Date)
- ☐ Employee is medically released to perform the essential functions of this position on a reasonably continuous basis but has restrictions as stated on the form:
- ☐ Restrictions are temporary. Return to work with restrictions effective date: \_\_\_\_\_  
Date temporary restrictions should be reviewed: \_\_\_\_\_
- ☐ Restrictions are permanent.
- ☐ Employee is not medically released to perform the essential functions of this position on a reasonably continuous basis:
- ☐ Due to permanent restrictions. Effective Date: \_\_\_\_\_ ☐ Due to temporary restrictions.
- ☐ If temporary restrictions, probable date employee may return to regular position \_\_\_\_\_
- ☐ This employee is permanently unable to perform any work on a reasonably continuous basis as a result of his/her medical condition.  
State effective date: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physicians name:** \_\_\_\_\_  
(please print)

**Phone number:** \_\_\_\_\_

**Physicians signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PLEASE FAX ANY RETURN TO WORK RELEASE OR RESTRICTION INFORMATION TO:**  
DAJD Human Resources, King County Department of Adult and Juvenile Detention (DAJD) via:

- Fax #: 206-205-5666;
- E-Mail (completed scanned documents): [LeaveMgmt.DAJD@kingcounty.gov](mailto:LeaveMgmt.DAJD@kingcounty.gov)
- Phone Contact: (206) 477-2400 (DAJD Human Resources)

Thank You!