



**Buncombe County Health and Human Services**

*Partnering with our community to strengthen our health, safety and self-sufficiency.*

**POSITION DESCRIPTION FORM**

DIVISION:	Community Health
SECTION/UNIT:	WIC/Nutrition
FLSA STATUS:	Non-Exempt

Classification Title of Position:	<i>Office Assistant IV</i>
Working Title of Position:	<i>Medical Office Assistant</i>
Name of Immediate Supervisor:	
Supervisor's Position Title:	<i>Nutritionist II Supervisor</i>
Name of Employee:	

**Employee Certification:**

I certify that I have reviewed this position description and that it is a complete and accurate description of my responsibilities and duties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor Certification:**

I certify that (a) I am the Immediate Supervisor of this position, that (b) I have provided a complete and accurate description of responsibilities and duties and (c) I have verified (and reconciled as needed) its accuracy and completeness with the employee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Administrator, Department Head or Division Manager Certification:**

I certify that this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Primary Purpose of Position:** The primary purpose of this position is to support the delivery services to Buncombe County residents participating in the Women, Infants and Children (WIC) Supplemental Nutrition Program.

**II. Essential Functions of the position:**

- Provide assistance with direct medical office clinical services.
- Perform medical office clerical duties to support WIC staff and participants.
- Provide breastfeeding support and referrals.

**III. Duties, Responsibilities and Other Functions:**

- Receive the public in person or over the phone to assist with scheduling, check in/check out, referrals, requests, and to provide relevant and necessary information related to the patient's clinic appointment or general information regarding program services.
- Perform lead screening per WIC guidelines and complete all required paperwork and consent forms with the patient or guardian.
- Check in patients for WIC services, ensure completion of the WIC Program Integrity and income eligibility screening, document over-income ineligibility in the Crossroads system, and respond to questions from WIC participants regarding their clinic visit.
- Escort patients from the waiting area to the lab area and perform hemoglobin screening, collect and document anthropometric measures (weight and height), date and age on the patients' log and into the medical database.
- Utilize HIPAA regulations and confidentiality requirements when handling client information and communication.
- Monitor daily schedule for follow-up, contacting and rescheduling missed appointments.
- Ensure patient information is accurate in all systems and update/create as needed.
- Complete necessary forms and data entry required for WIC certifications and voucher issuance.
- Participate in WIC Breastfeeding Promotion and Support as part of the WIC Team.
- Work with an integrated HHS team to ensure access to good support services.

*Note: The above statements are intended to describe the general nature and level of the work being performed by an employee assigned to this work. This is not an exhaustive list of all duties and responsibilities. This job description does not create a contract of employment and Buncombe County reserves the right to amend or change responsibilities to meet business and organizational needs as necessary.*

**IV. Typical Work Schedule:**

- M – F scheduled business hours (8:00am – 5:00pm)
- Nature of work requires attendance during business hours
- Regular, predictable attendance is essential

**V. Supervision Received:** Level 2: receives supervision to perform routine duties; operates within specific policy guidelines; standard practices or procedures allow employee to proceed independently to perform routine work; work frequently checked while in progress and reviewed upon completion.

**Supervisory Responsibility:** None

**VI. Consequence of Error:**

- Error in preparation of work and collection of anthropometric and biochemical measures could result in the denial of benefits to the WIC patient and inefficient clinic flow resulting in long waits for patients to receive WIC services.

**VII. Knowledge, Skills, Abilities and Other Functions:**

- Knowledge of operations in clinical lab, medical technology and tests performed.
- Knowledge of HIPAA regulations regarding handling of client's charts and client-related communications.
- Knowledge of common health and safety precautions in working in clinic.
- Ability to work effectively and courteously with a variety of people including division staff, department staff and general public.

- Knowledge of computer applications, proficiency in typing and ability to write clearly, concisely, and effectively using correct spelling, punctuation and vocabulary.
- Ability to maintain clerical records and to compile reports from these records.
- Ability to use sound judgment and empathy in dealing with patients.
- Knowledge of general office practices including organizational skills, filing and using a variety of office equipment.

**Organization Conformance Standards for all positions:**

- Communicate clearly and effectively both orally and in writing.
- Maintain knowledge of the agency organizational rules, policies, procedures, services and mission.
- Plan, prioritize, and organize work effectively to produce quality work with measurable results and within identified deadlines.
- Interact with other employees, customers and partners with professionalism and cultural competency.
- Work effectively and efficiently as a team contributor including interacting, communicating and coordinating work efforts with other employees and organizations to accomplish a common task.
- Understand the necessity to efficiently and effectively interact, communicate and coordinate work efforts with other employees and organizations in an effective manner to accomplish common task.
- Function in highly stressful circumstances and demonstrate the ability to adapt to changing priorities, deadlines and directions.
- Conduct business in an ethical manner at all times while maintaining a high level of professionalism and confidentiality.
- Safely and successfully perform the essential job functions consistent with ADA, FMLA and other federal, state, and local standards, including meeting qualitative and/or quantitative productivity standards.
- Maintain regular, punctual attendance consistent with ADA, FMLA and other federal state and local standards.

**Minimum Education, Training and/or Experience:** Graduation from high school and successful completion of a one-year training course in medical office assisting.

**Additional Training/Experience:** One year experience in medical office assisting and/or with the WIC Program would be helpful.

**License or Certification Required by Statute or Regulation:** N/A

**Special Skills:** English/Spanish bi-lingual speakers preferred.

## ADA CHECKLIST FORM

<b>JOB TITLE:</b>	Office Assistant IV -Medical Office Assistant	<b>Current Form date:</b>
<b>BCHHS PROGRAM:</b>	Community Health/WIC-Nutrition	12/17/2015

**ESSENTIAL JOB FUNCTIONS (EJF)** are those duties and responsibilities that an individual must perform with or without the assistance of reasonable accommodations. This checklist is completed to document the physical and mental effort required in performing essential duties of the position. **Please briefly identify up to five primary essential job functions relative to the position.**

<b>EFJ 1</b>	Provide assistance with direct medical office clinical services.
<b>EFJ 2</b>	Perform medical office clerical duties to support WIC staff and participants.
<b>EFJ 3</b>	Provide breastfeeding support and referrals.
<b>EFJ 4</b>	
<b>EFJ 5</b>	

### MENTAL CAPABILITY REQUIREMENTS

<b>Comprehension:</b>	<input type="checkbox"/> Understand and apply routine verbal and/or written instructions. <input checked="" type="checkbox"/> Understand and apply non-routine verbal and/or written instructions. <input type="checkbox"/> Understand complex problems and collaborate to explore alternative solutions.
<b>Organization:</b>	<input type="checkbox"/> Organize actions to complete sequential and/or routine tasks. <input checked="" type="checkbox"/> Organize/prioritize individual work schedules to manage multiple task/projects. <input type="checkbox"/> Organize/prioritize others' work schedules to manage multiple task/projects.
<b>Decision Making:</b>	<input type="checkbox"/> Make decisions that impact this individual's work. <input checked="" type="checkbox"/> Make decisions that impact the immediate work-unit's operations/services. <input type="checkbox"/> Make decisions having significant impact on department's credibility/operations/services.
<b>Communication:</b>	<input checked="" type="checkbox"/> Communicate and exchange routine information. <input type="checkbox"/> Communicate responses relative to a variety of information. <input type="checkbox"/> Communicate in order to explain, interpret or negotiate.

### Essential Job Function Mental Tasks as a Percentage of Employee's Time

Check ALL mental tasks that apply to the essential functions of this job, and then select the closest percentage of time that the employee is performing this type of task.

	Rarely 0 - 30%	Routinely 31 - 70%	Constantly 71 - 100%
Continued learning & retention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interacting in team dynamics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preparing, analyzing data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using interfaced communication devices (phone, computer, TTY)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Memorizing, concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Making group presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-regulating emotions, behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Composing letters, reports, memos to convey a variety of information	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**WORK ENVIRONMENT AND TASKS**

**Work Setting:** Majority of time is spent INSIDE or OUTSIDE? (choose one)

<b>Work Equipment Use:</b> Check ALL equipment that this job requires employee to use regularly.	<input checked="" type="checkbox"/> Computers/Monitors	<b>Potential Exposures:</b> Check ALL conditions to which this job may expose and employee.	<input checked="" type="checkbox"/> Infectious bacteria/viruses
	<input type="checkbox"/> Driving vehicle (specify below)		<input checked="" type="checkbox"/> Blood-borne pathogens
	<input type="checkbox"/> Driving light equipment (specify below)		<input type="checkbox"/> Allergens
	<input type="checkbox"/> Driving heavy equipment (specify below)		<input type="checkbox"/> Aggressive Animals
	<input type="checkbox"/> Firearms, controlled equipment		<input type="checkbox"/> Rodent/insect infestations
	<input type="checkbox"/> Ladder/step stool		<input type="checkbox"/> Fumes/airborne particles
	<input type="checkbox"/> NONE of the above		<input type="checkbox"/> Chemicals/hazardous waste
<input checked="" type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> Acidic/harsh substances		
<b>Physical Work Environment:</b> Check ALL work environment conditions to which this job may expose the employee.	<input type="checkbox"/> Confined spaces		<input type="checkbox"/> Gases/gas leaks
	<input type="checkbox"/> Damp interior conditions		<input type="checkbox"/> Electrical hazards
	<input type="checkbox"/> High or precarious places		<input type="checkbox"/> Radiation
	<input type="checkbox"/> Moving mechanical parts		<input type="checkbox"/> Extreme temperatures
	<input type="checkbox"/> Vibrations		<input type="checkbox"/> Extreme noise levels
	<input checked="" type="checkbox"/> NONE of the above	<input type="checkbox"/> Extreme darkness	
	<input type="checkbox"/> OTHER (describe below)	<input type="checkbox"/> Extreme brightness	
	<input type="checkbox"/> NONE of the above		
	<input type="checkbox"/> OTHER (describe below)		

**OTHER or Details**  
 On equipment or work environment: Describe here any "OTHER" exposures, work environment conditions, equipment used.  
 Hemocue, scales and measuring board; general office equipment including scanner, copier, fax machine and multiline telephone

**PHYSICAL EFFORT REQUIREMENT**

Check all physical requirements that apply to the essential functions of this job and then select the closest percentage range of time that the employee spends doing that activity.

	Rarely 0 - 30%	Routinely 31 - 70%	Constantly 71 - 100%		Rarely 0 - 30%	Routinely 31 - 70%	Constantly 71 - 100%	
<b>Mobility Requirements</b>					<b>Hand Movement Requirements</b>			
<input type="checkbox"/> Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Finger Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Grasping, holding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Repetitive motion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Immobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Vision Requirements</b>			
<input type="checkbox"/> Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Color distinction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Eye-hand coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Reaching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Visual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Visual perception	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Lifting requirements</b>			
<input checked="" type="checkbox"/> Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> Lifts 1-15 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Lifts 16-30 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Sensory requirements</b>					<input type="checkbox"/> Lifts 31-60 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Lifts 61-90 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Smelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Lifts 90+ lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Physical Exertion Requirements</b>			
					<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/> Large Muscle, motor control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_