

Employee Work Profile (2019-2020)

EASTERN STATE HOSPITAL

PART I – Position Identification Information	
1. Employee Name:	2. Position Number:
3. Agency Name & Code; Location Code: EASTERN STATE HOSPITAL, 704; LOCATION, 095	4. Department; Cost Center; Building: SECURITY SERVICES, 043; 02 –UNIT/1A
5. Occupational Family & Career Group: PUBLIC SAFETY 69000 SECURITY SERVICES 69110	6. Role Title & Code: SEC OFFCR III 69113
7. Pay Band: 03	8. EEO Code: D
9. Federal SOC Title & Code: SECURITY GUARDS 33-9032.0000	10. Age of Patient Population Served: (Check all that apply) <input checked="" type="checkbox"/> 18 through 64 <input checked="" type="checkbox"/> 65 and over <input type="checkbox"/> Not Applicable
11. Level Indicator: <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager	12. Number of Employees Directly Supervised: 0
13. Supervisor's Position Number: 00956	14. Supervisor's Role Title: SEC OFFCR III
15. Employee FLSA Status: (E = Exempt N = Non-Exempt): N	16. Effective Date: 10/25/2019
PART II – Work Description & Performance Plan	
17. OUR VISION: Continuously pursue the highest quality services that empower individuals in their recovery. OUR MISSION: To partner with those we serve to promote personal independence.	
18. a. Purpose of Position: To provide a safe environment for patients, staff, and visitors at ESH. Maintain adequate coverage in order for the Public Safety Department to fulfill its mission statement at Eastern State Hospital. Each officer is sworn by the Court of Williamsburg/James City County and is fully empowered to make an arrest for any State and Local violation.	
b. HIPAA Access Level (Mark <input checked="" type="checkbox"/> one box below to indicate employee level of access): <input checked="" type="checkbox"/> Level One: Complete Access to all client/patient related Protected Health Information (PHI) <input type="checkbox"/> Level Two: Complete Access to PHI only for the clients/patients served/assigned <input type="checkbox"/> Level Three: Limited Access or access for a limited period of time (supervisor identifies the PHI access reason and/or time period) <input type="checkbox"/> Level Four: No Access Utilization of information will be in accordance with HIPAA regulations regarding use limitation, disclosure and requests of PHI.	
c. Safety Sensitive Position? (Mark <input checked="" type="checkbox"/> one box below to indicate if position is safety sensitive): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19. KSA's and or Competencies required to successfully perform the work: Good public relations skills, strong interpersonal skills, oral and written communication skills. Experience in preparing reports and Investigation techniques. Experience in handling difficult individuals and be able to physically control, confine, restrain, and arrest in difficult situations. Experience conducting foot and vehicle patrol. Experience using computers. Must complete Special Conservator of the Peace Training and obtain certification.	
20. Education, Experience, Licensure, Certification required for entry into position: High school graduate or equivalent. Valid Driver's License w/ good driving record. Experience in Law Enforcement, Security, Corrections or other similar agency. Certification as a Special Conservator of the Peace preferred.	

%Time	21. Core Responsibilities	22. Measures for Core Responsibilities
0%	<p>A. Performance Management (Required for employees who supervise others)</p>	
50%	<p>B. DUTIES AND RESPONSIBILITIES FOR ESH</p>	<p>Respond and assist unit staff with patients as requested at ESH. Respond to calls for service in a professional and timely manner. Conducts walk-throughs as designated by Administration on the units and grounds of both ESH to help provide a safe and secure environment and milieu for patients and staff. Check in and scan all visitors in the front lobbies of Building 1 and Building 2 as well as patients that may be returning via the front lobbies by use of the walk through metal detector and hand wand. Check in and scan all patients returning from trips that return in the Admissions Suite and all new admissions by use of the walk through metal detector and hand wand. Verify the discharge paperwork of a patient released to an outside law enforcement agency and provide agency assists as needed. Assist all hospital visitors as needed. Respond to the scene of any fire, disaster, duress alarm, or any other such emergency and assist as needed. Check the security of all buildings and units. Transport combative, dangerous, public safety patients to/from other state facilities, court hearings, and appointments. Provide security to forensic patients admitted to outside hospital facilities according to policy. Locate and return UA patients. Take and process patient photographs for identification purposes. All shift workloads, including transports, are to be completed equally and fairly among all members of the shift. Complete and fill out all pertinent information on the paper log forms and enter them into the log database with proper grammar usage and spelling. Investigate complaints and compile detailed information pertaining to writing a special report from start to finish. Complete all investigations within a five working day deadline. Patrol hospital property, monitor parking, traffic, and respond to vehicle accidents.</p>

25%	C. COMMUNICATIONS	Display the ability to make oneself understood; gather and communicate information, both in oral and written form to include communications with officers and dispatchers. Prepare and submit completed special reports in a timely fashion. Complete security logs in their entirety and enter such in the Security log database.
10%	D. JOB KNOWLEDGE FOR ESH	Be aware of hospital and public safety procedures, laws, court rulings, and changes in ESH. Keep abreast of daily changes and job assignments.
10%	E. JUDGEMENT	Observe and assess situations and take appropriate actions when necessary.
5%	F. DEPENDABILITY AND RELATIONSHIPS	Exhibit dependability in attendance, including promptness in reporting for duty; exhibit positive responses to boredom, stress, and criticism. Display ability to respond positively during interactions with persons, including hospital personnel, patients, public, fellow officers, and supervisory personnel. Be an active team player at all times.
	G.	Actively support agency SWaM Procurement goals and Executive Order 20 (2014); and where possible, promote SWaM through agency outreach events. Support the intent of the EO20 and the goals of the Agency SWaM Plan.
% Time	23. Special Assignments	24. Measures for Special Assignment
	H.	
25. Our Values		26. Measures of Our Values
Demonstrate and encourage compassion, self-determination, empowerment, honesty, integrity, cooperation, teamwork, and respect. Demonstrate <i>Principles of Recovery</i> in daily duties.		Measured by supervisor observation and documentation in supervisor files.

OFFICIAL ORGANIZATIONAL CHART MAINTAINED BY HUMAN RESOURCE DEPARTMENT

ESH Physical Demands Worksheet

This form is intended to assist supervisors in evaluating the demands of positions. Keep a copy of the completed form with the Employee Work Profile in the employee's personnel file.

Job Title: SEC OFFCR III

Employee: _____

The physical demands of this position. (without accommodations)	Frequency** <i>constant for at least 15 minutes</i>			
	Never	Rare	Occasional	Frequent
Sitting. Particularly for sustained periods of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walking. Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another. May include uneven surfaces such as gravel, grass, or mounds.				X
Standing. Particularly for sustained periods of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bending neck up & down and/or twisting sideways.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Running. Typically for short distances to respond to emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stooping. Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full motion of the lower extremities and back muscles.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Balancing. Maintaining body equilibrium to prevent falling and walking, standing or crouching on narrow, slippery, or other uneven surfaces. This factor is important if the amount of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching. Bending the body downward and forward by bending leg and spine.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing. Ascending or descending ladders, stairs, scaffolding, ramps, and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling. Bending legs at knee to come to a rest on knee or knees.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling. Moving about on hands and knees or hands and feet.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing. Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. List Maximum Weight: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling. Using upper extremities to exert force in order to draw, haul or tug objects in a sustained motion. List Maximum Weight: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying. Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires substantial use of upper extremities and back muscles. Up to 10 lbs. 11-25 lbs. 26-50 lbs. 51-75 lbs. Over 75 lbs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" 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"/>
Fingering. Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand as in handling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Grasping. Applying pressure to an object with the fingers and palm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Repetitive motion. Substantial movements (motions) of the wrists, hands, and/or fingers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching. Extending hand(s) and arm(s) in any direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Supporting/Physical Management. Supporting individuals with impaired weight bearing or unsteady gaits, repositioning individuals in therapeutic equipment; includes use of hydraulic lifts. List Weight Maximum: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving. Operating a motor vehicle. Does not include a Commercial Driver's License.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The environmental demands of this position.	Never	Rare	Occasional	Frequent
The worker is subject to environmental conditions. Protection from weather conditions but not necessarily from temperature changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is subject to outside environmental conditions. No effective protection from the weather.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is subject to both environmental conditions. Activities occur inside and outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is subject to extreme cold. Temperatures typically below 32° for periods of more than one hour. Consideration should be given to the effect of other environmental conditions, such as wind and humidity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is subject to extreme heat. Temperatures above 100° for periods of more than one hour. Consideration should be given to the effect of other environmental conditions, such as wind and humidity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is subject to noise. There is sufficient noise to cause the worker to shout in order to be heard above ambient noise level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is subject to vibration. Exposure to oscillating movements of the extremities or whole body.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The worker is subject to hazards. Includes a variety of physical conditions, such as proximity to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places, exposure to high heat or exposure to chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The worker is subject to atmospheric conditions. One or more of the following conditions that affect the respiratory system or the skin: fumes, odors, dust, mists, gases, or poor ventilation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The worker has potential exposure to infectious diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is frequently in close quarters, crawl spaces, shafts, man holes, small enclosed rooms, small sewage and line pipes, and other areas that could cause claustrophobia.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The worker is required to function in narrow aisles or passageways.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The worker is required to wear protective equipment such as respirator, mask, earplugs, gloves, goggles, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The worker is exposed to severely physically aggressive or disruptive clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is subject to hazardous drugs and hazardous pharmaceutical waste and is required to wear protective equipment such as gloves, gowns, protective eyewear, mask, goggles, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The worker is not substantially exposed to adverse environmental conditions; functions in typical office or administrative environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The emotional demands of this position.	Never	Rare	Occasional	Frequent
The worker is subject to multiple priorities and stimuli.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Work involves frequent change and/or interruptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker is required to have intense customer interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Frequent deadlines must be met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker must be able to respond to emergency situations appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The worker must be able to work overtime as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Sensory Demands of this position. (with or without corrective devices)				
<input checked="" type="checkbox"/>	Hearing. Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make the discriminations in sound.			
<input checked="" type="checkbox"/>	Verbal Communication. Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken information to others accurately, clearly, loudly, and quickly.			
<input checked="" type="checkbox"/>	Visual acuity including color, depth perception, and field vision. Required to have visual acuity to determine the accuracy, neatness, and thoroughness of the work assigned and to make general observations.			
<input checked="" type="checkbox"/>	Writing Ability. Able to complete written assignments and write accurate reports and documentation. Additional writing requirements include:			
<input checked="" type="checkbox"/>	Reading Ability. Able to read and comprehend instructions, procedures, and policies. Additional reading requirements include:			
<input checked="" type="checkbox"/>	Other Requirements: Must be willing and able to work any shift according to hospital needs.			

I acknowledge and understand that:

- The Physical Demands Worksheet provides a general summary of the position in which I am employed, that the contents of this worksheet are job requirements and, at this time, I know of no limitations that would prevent me from performing these functions with or without accommodation. I further understand that it is my responsibility to inform my supervisor at any time that I am unable to perform these functions.
- The EWP and Physical Demands Worksheet are not an exhaustive list of all duties, responsibilities and requirements. Other functions may be assigned and ESH management retains the right to add or change the duties at any time.
- I have read and understand this physical demands worksheet.

Employee Signature _____

Date _____

28. Annual Requirements:

Supervisor ensures annual requirements for position are provided to the employee. Supervisor will evaluate employee annually on compliance with these requirements.

PART III - Employee Development Plan

29. Personal Learning Goals (*If you complete this section, you must also complete section # 30*):

Maintain DCJS Certification as Special Conservator of the Peace
Maintain Annual Firearms Qualification

30. Learning Steps/Resource Needs:

31. Confidentiality Statement, Conflict of Interest & Code of Conduct

I. I acknowledge and understand that I may have access to confidential information, including Protected Health Information (PHI), regarding employees, clients/patients, or the public. In addition, I acknowledge and understand that I may have access to proprietary or other confidential information or business information belonging to Eastern State Hospital and/or the Department of Behavioral Health and Developmental Services (DBHDS). Therefore, except as required or permitted by law, I agree that I will not:

- Access or attempt to access data that is unrelated to my job duties at Eastern State Hospital and/or DBHDS;
- Access or attempt to access Protected Health Information (PHI) beyond my stated authorized HIPAA access level;
- Use or disclose to any other person, or allow any other person access to, any information related to facility and/or DBHDS that is proprietary or confidential and/or pertains to employees, students, clients/patients, or the public. Use or disclosure of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail messages, voice mail communication, written documentation, “loaning” computer access codes, and/or another transmission or sharing of data.
- Use or disclose Protected Health Information (PHI) for use in violation of HIPAA regulations

II. I understand that Eastern State Hospital, DBHDS and its employees, clients/patients, or others may suffer irreparable harm by use or disclosure of proprietary or confidential information and that Eastern State Hospital and DBHDS may seek legal remedies available to it should such use or disclosure occur.

III. I hereby certify that I am free from any conflict of interest in ADMINISTERING or delivering Medicare Part D benefits. Examples may include, (but not limited to), proprietary, financial, professional, or other personal interest of any nature or kind with any product, service or company that would be construed as influencing the delivery of the Medicare Part D program.

IV. I hereby certify that I have read and agree to abide by the Commonwealth’s *Standards of Conduct, Policy #1.60*, as contained in the Eastern State Hospital Employee Handbook.

I understand that violations of the above agreements and acknowledgements may result in disciplinary action, up to and including, termination of employment.

Employee Name (PRINT)

Employee Signature

Title/Position

Date

Part IV - Review of Work Description/Performance Plan

32. Supervisor's Comments:

	CHRISTOPHER HICKEY	00956	
Supervisor's Signature	Print Name	Position #	Date

33. Reviewer's Comments:

	HAZEL GREEN-DUNSTON	00988	
Reviewer's Signature	Print Name	Position #	Date

34. Employee's Comments:

Employee's Signature	Print Name	Position #	Date

My signature acknowledges I have reviewed and discussed with my supervisor the factors upon which my performance will be evaluated and my developmental plan. I understand I will be given an opportunity to share information with my supervisor about my work performance prior to his or her completion of performance evaluation Sections VI. Through VIII.