

# JOB DESCRIPTION

## FOR DER USE ONLY

### Vacancy No.

City Service Commission:	Finance Committee:
Fire & Police Commission:	Common Council:

**Instructions:** Complete all sections. Refer to the *Guidelines for Preparing Job Descriptions* for instructions on completing specific items.

<b>1. Date Prepared/ Revised:</b> 9/9/21		<b>2. Present Incumbent:</b> Steven Radomski		<b>Is incumbent underfilling position?</b>	
<b>3. Date Filled:</b> 6/16/19		<b>4. Previous Incumbent:</b> Robert Seitz		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, indicate Underfill Title in box 10.	
<b>5. Department:</b> Fire Department		<b>Bureau:</b> EMS/Training/Education <b>Division:</b> EMS		<b>Unit:</b> <b>Section:</b>	
<b>6. Work Location:</b> 2400 S. 8 <sup>th</sup> St.		<b>Telephone:</b> 286-5248 <b>Email:</b>		<b>Work Schedule:</b> Hours: 7:30 am – 4:00 pm / Days: M-F	
<b>7. Represented by a Union?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. Bargaining Unit:</b> Local 215, Firefighters If in District Council 48, which local?		<b>9. FLSA Status (check one):</b> <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt	
<b>10.</b>	<b>Official Title:</b> Fire Paramedic (Mobile Integrated Healthcare Program Operations Coordinator)			<b>Pay Range</b>	<b>Job Code</b>
	<b>Underfill Title (if applicable):</b>			4A	2415 (XA / YA)
	<b>Requested Title (if applicable):</b> Mobile Integrated Healthcare Program Operations Coordinator			4E	404
<b>Recommended Title (DER Use Only):</b>			<b>Approved by:</b>  <b>Date:</b>		

### 11. BASIC FUNCTION OF POSITION:

Primary duties are to serve as the day-to-day physical scheduling coordinator of Mobile Integrated Healthcare (MIH) operations, and to assist patients in the community with identifying and overcoming barriers which prevent successful compliance with their care plans by monitoring, evaluating, and educating them in their home environment. Performs as an advocate and resource coordinator, assisting with providing access to available health and community services to empower patients to reach their health care goals and optimal wellness.

### 12. DESCRIPTION OF JOB (Check if description applies to **Official Title** or **Underfill Title** ):

#### A. ESSENTIAL FUNCTIONS/Duties and Responsibilities: (Refer to the "Guidelines for Preparing Job Descriptions" for instructions on determining Essential Functions.)

% of Time	ESSENTIAL FUNCTION
33	Assists with daily scheduling operations, to include continuity of information sharing and distribution of personnel. Reports violations or areas of concern to supervisor via established methods of communication.
24	Conducts post-hospital-release follow-up care including, but not limited to, medication reconciliation/monitoring, dressing changes, and checking vital signs.
22	Completes appropriate documentation and templates for the MIH Program, clearly communicating patient progress, concerns, and outcomes with accurate, concise reports.
10	Conducts patient education including, but not limited to, diabetes prevention/treatment, hypertension, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and nutritional assessment and education.
6	Determines and assists with access to appropriate resources to help patients maintain their health.
5	Collects specimens for laboratory analysis as ordered, performing simple point-of-care testing if indicated.

The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.

**B. PERIPHERAL DUTIES:**

% of Time	PERIPHERAL DUTY
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**C. NAME AND TITLE OF IMMEDIATE SUPERVISOR:**

Jonathan Belott, MIH Program Supervisor

**D. SUPERVISION RECEIVED:** (Describe the extent to which work assignments and methods are outlined, reviewed, and approved by this position’s supervisor.)

Functions with guidance and recommendations from the MIH Program Supervisor.

**E. SUPERVISION EXERCISED:**

Total number of employees for whom responsible, either directly or indirectly = 0.

**Direct Supervision:** List the number and titles of personnel directly supervised. Specify the kind and extent of supervision exercised by indicating one or more of the following:

a. Assign duties	e. Sign or approve work	
b. Outline methods	f. Make hiring recommendations	
c. Direct work in progress	g. Prepare performance appraisals	
d. Check or inspect completed work	h. Take disciplinary action or effectively recommend such	
Number Supervised	Job Title	Extent of Supervision Exercised (Select those that apply from list above, a - h)

**F. MINIMUM QUALIFICATIONS REQUIRED:** (Indicate the MINIMUM qualifications required to enter the job.)

- i. Education and Experience:  
Possesses the rank of Fire Paramedic.
- ii. Knowledge, Skills and Abilities:  
Must be comfortable and motivated to work as a care team member, autonomously and with a high level of accountability. Requires superior interpersonal skills with a diverse group of clients and co-workers. Must possess a demonstrated ability to consistently complete thorough, concise, and detailed documentation, as well as the abilities to organize, problem-solve, and make independent decisions during emergency situations. Must possess proficient computer skills in Microsoft Office Suite, and any other associated job-related software. Must be willing to acquire additional skill sets as needed.
- iii. Certifications, Licenses, Registrations:  
Wisconsin Paramedic License, and recognized as a “Full Practice” paramedic by the Medical Director – Milwaukee County EMS.
- iv. Other Requirements:  
Must possess an exemplary work record.  
Must comply with legal regulations, accrediting, and procedural requirements related to the MIH Program.  
Must have the desire to serve others nonjudgmentally and maintain confidentiality in all regards.  
Must be willing to work a flexible schedule, including evening and weekend hours.  
Must commit to serve in this position for two years.

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### 13. PHYSICAL AND ENVIRONMENTAL DEMANDS: TOOLS AND EQUIPMENT USED

The Americans with Disabilities Act (ADA) of 1990, as amended by the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 requires job descriptions to provide detailed information regarding the physical demands required to perform the essential functions of a job; the conditions under which the job is performed; and the tools and equipment the employee will be required to use on the job. Reasonable accommodations may be made to enable qualified individuals to perform the essential duties and responsibilities of the job for each of the categories listed below.

**G. PHYSICAL ACTIVITY OF THE POSITION:** (List the physical activities that are representative of those that must be met to successfully perform the essential functions of the job).

**CHECK ALL THAT APPLY:**

<input type="checkbox"/>	<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like; using feet and legs and/or hands and arms. Body agility is emphasized. Check only if the amount and kind of climbing required exceeds that required for ordinary locomotion.
<input type="checkbox"/>	<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. Check only if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.
<input checked="" type="checkbox"/>	<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. Check only if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.
<input checked="" type="checkbox"/>	<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.
<input checked="" type="checkbox"/>	<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.
<input type="checkbox"/>	<b>Crawling:</b> Moving about on hands and knees or hands and feet.
<input checked="" type="checkbox"/>	<b>Reaching:</b> Extending Hand(s) and arm(s) in any direction.
<input checked="" type="checkbox"/>	<b>Standing:</b> Particularly for sustained periods of time.
<input checked="" type="checkbox"/>	<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.
<input type="checkbox"/>	<b>Pushing:</b> Using upper extremities to exert force in order to draw, press against something with steady force in order to thrust forward, downward or outward.
<input type="checkbox"/>	<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.
<input checked="" type="checkbox"/>	<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. Check only if it occurs to a considerable degree and requires substantial use of the upper extremities and back muscles.
<input checked="" type="checkbox"/>	<b>Fingering:</b> Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm, as in handling.
<input checked="" type="checkbox"/>	<b>Grasping:</b> Applying pressure to an object with fingers and palm.
<input checked="" type="checkbox"/>	<b>Feeling:</b> Perceiving attributes of objects such as size, shape, temperature or texture by touching with the skin, particularly that of the fingertips.
<input checked="" type="checkbox"/>	<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities which demand detailed or important instructions spoken to other workers accurately, loudly or quickly.
<input checked="" type="checkbox"/>	<b>Hearing:</b> Perceiving the nature of sounds with no less than a 40 db loss. Ability to receive oral communication and make fine discriminations in sound.
<input checked="" type="checkbox"/>	<b>Repetitive Motions:</b> Substantial movements (motions) of the wrist, hands, and/or fingers.
<input checked="" type="checkbox"/>	<b>Driving:</b> Minimum standards required by State Law (including license).

**H. PHYSICAL REQUIREMENTS OF THE POSITION:** (List the physical requirements that are essential functions of the job.)

**CHECK ONE:**

<input type="checkbox"/>	<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
<input type="checkbox"/>	<b>Light Work:</b> Exerting up to 10 pounds of force occasionally and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for Light Work.
<input checked="" type="checkbox"/>	<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
<input type="checkbox"/>	<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
<input type="checkbox"/>	<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

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**I. VISUAL ACUITY REQUIREMENTS:** (List the visual acuity requirements that are essential functions of the job.)

**CHECK ONE:**

<input type="checkbox"/>	<b>Operators (Electronic Equipment), Inspection, Close Assembly, Clerical, Administrative:</b> This is a minimum standard for use with those whose job requires work done at close visual range (i.e. preparing and analyzing data and figures, accounting, transcription, computer terminal, extensive reading, visual inspection involving small parts, operation of machines, using measurement devices, assembly or fabrication of parts).
<input checked="" type="checkbox"/>	<b>Machine Operators, Mechanics, Skilled Tradespeople:</b> This is a minimum standard for use with those whose work deals with machines where the seeing job is at or within arm's reach. This also includes mechanics and skilled tradespeople and those who do work of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc. (If the machine operator also inspects, check the "Operators" box.)
<input type="checkbox"/>	<b>Mobile Equipment Operators:</b> This is a minimum standard for use with those who operate cars, trucks, forklifts, cranes, and high lift equipment.
<input type="checkbox"/>	<b>Other:</b> This is a minimum standard based on the criteria of accuracy and neatness of work for janitors, sweepers, etc.

**J. THE CONDITIONS THE WORKER WILL BE SUBJECT TO IN THIS POSITION:**

List the environmental/working conditions to which the employee may be exposed while performing the essential functions of the job. Include scheduling considerations such as on-call for emergencies, rotating shift, etc. **Approximate Percentage of time performing field work: 15%**

**CHECK ALL THAT APPLY:**

<input checked="" type="checkbox"/>	<b>None:</b> The worker is not substantially exposed to adverse environmental conditions (such as typical office or administrative work).
<input type="checkbox"/>	<b>The worker is subject to inside environmental conditions:</b> Protection from weather conditions but not necessarily from temperature changes (i.e. warehouses, covered loading docks, garages, etc.)
<input type="checkbox"/>	<b>The worker is subject to outside environmental conditions:</b> No effective protection from weather.
<input type="checkbox"/>	<b>The worker is subject to extreme cold:</b> Temperatures below 32 degrees for period of more than one hour.
<input type="checkbox"/>	<b>The worker is subject to extreme heat:</b> Temperatures above 100 degrees for periods of more than one hour.
<input type="checkbox"/>	<b>The worker is subject to noise:</b> There is sufficient noise to cause the worker to shout in order to be heard above the surrounding noise level.
<input type="checkbox"/>	<b>The worker is subject to vibration:</b> Exposure to oscillating movements of the extremities or whole body.
<input type="checkbox"/>	<b>The worker is subject to hazards:</b> Includes a variety of physical conditions, such as proximity to moving mechanical parts, electrical current, working on scaffolding and high places or exposure to chemicals.
<input type="checkbox"/>	<b>The worker is subject to atmospheric conditions:</b> 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"/>	<b>The worker is subject to oil:</b> There is air and/or skin exposure to oils and other cutting fluids.
<input type="checkbox"/>	<b>The worker is required to wear a respirator.</b>

**K. MACHINE, TOOLS, EQUIPMENT, ELECTRONIC DEVICES, SOFTWARE, ETC. USED BY POSITION:**

List equipment needed to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.)

**CHECK ALL THAT APPLY:**

<input type="checkbox"/>	Camera and photographic equipment	<input checked="" type="checkbox"/>	Office Equipment (desk, chair, telephone, etc.)
<input checked="" type="checkbox"/>	Cleaning supplies	<input checked="" type="checkbox"/>	Office supplies (pens, staplers, pencils, etc.)
<input checked="" type="checkbox"/>	Commercial vehicle	<input checked="" type="checkbox"/>	Packing materials (boxes, shrink wrap, etc.)
<input type="checkbox"/>	Data processing equipment	<input checked="" type="checkbox"/>	PC equipment (monitor, keyboard, printer, etc.)
<input checked="" type="checkbox"/>	Handcart	<input checked="" type="checkbox"/>	PC software
<input type="checkbox"/>	<b>Hand tools (please list):</b>		
<input checked="" type="checkbox"/>	<b>Office Machines (check all that apply):</b> <input checked="" type="checkbox"/> Copier <input checked="" type="checkbox"/> Facsimile <input checked="" type="checkbox"/> Calculator <input type="checkbox"/> Cash register		
<input checked="" type="checkbox"/>	<b>Other (please list):</b> Medical equipment		

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- L. SUPPLEMENTARY INFORMATION:** (Indicate any other information which further explains the importance, difficulty, or uniqueness of the position, such as its scope of responsibility related to finances, equipment, people, information, etc. Also indicate success factors such a personal characteristics that contribute to an individual's ability to perform well in the job, and any other special considerations.)

Subject to recall. Subject to attendance at alarms at any hour and under extreme conditions of danger, stress, weather, extended periods of physical activity, etc.

Expected to acquire a basic understanding of the MIH Supervisor position.

Within one year of appointment, must complete Community Paramedic Training.

- M. I believe that the statements made above in describing this job are complete and accurate.**



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*Signature of Department Head or Designated Representative*

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