

POTTAWATTAMIE COUNTY – WIC PROGRAM

JOB DESCRIPTION

POSITION TITLE: LICENSED PRACTICAL NURSE

REPORTS TO: WIC Program Coordinator

SUPERVISES: -----

PURPOSE OF POSITION: Responsible for completion of the medical portion of the certification process.

ESSENTIAL FUNCTIONS:

Conducting the following: measuring length/height and weight, performing hemoglobin test, and completing health field in the IWIN system.

Refers WIC participants to other community resources.

Attends in-service meeting.

MARGINAL FUNCTIONS:

Provides health education orientation to agency staff.

Assists with the overall functioning of the WIC clinic and performs other duties as needed.

ESSENTIAL KNOWLEDGE, EXPERIENCE AND ABILITY:

Must have LPN license in the state of Iowa.

Ability to work with general public who possess varied educational, economic and ethnic backgrounds.

Ability to work effectively with people and convey information in most effective manner.

Willing to travel to WIC clinics and out-of-town meetings/training sessions.

ESSENTIAL PHYSICAL DEMANDS AND TYPICAL WORKING CONDITIONS:

Work is general performed indoors in an office setting – clinics are held in churches or other public buildings with or without air conditioning.

Normal to considerable contact with public – work may be stressful when dealing with irate clients.

Work may require bending, lifting and carrying various clinic supplies weighing up to 30 pounds.

Position: LICENSED PRACTICAL NURSE

Legend

N = Never

O = Occasional; represents 1 to 33% or 1 to 2 hours of an 8 hour work day

F = Frequently; represents 34 to 66% or 2 1/2 to 5 1/2 hours of an 8 hour work day

C = Continuous; represents 67 to 100% of 6 to 8 hours of an 8 hour work day

N	O	F	C	PHYSICAL ACTIVITY
_____	<u> X </u>	_____	_____	Walking
_____	_____	<u> X </u>	_____	Sitting/Standing
_____	<u> X </u>	_____	_____	Reaching:
_____	<u> X </u>	_____	_____	Shoulder Height
_____	<u> X </u>	_____	_____	Above Shoulder Height
_____	<u> X </u>	_____	_____	Below Shoulder Height
<u> X </u>	_____	_____	_____	Climbing
_____	<u> X </u>	_____	_____	Pulling/Pushing: 20 Pounds or Less
_____	<u> X </u>	_____	_____	Lifting 30 Pounds or Less
_____	<u> X </u>	_____	_____	Carrying: 30 Pounds or Less
_____	<u> X </u>	_____	_____	Crawling/Kneeling
_____	<u> X </u>	_____	_____	Bending/Stooping/Crouching
_____	<u> X </u>	_____	_____	Twisting/Turning
_____	_____	<u> X </u>	_____	Repetitive Movement (writing/computer)

ACCEPTABLE MINIMUM PHYSICAL ABILITY
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Vision	<u> X </u> Good	_____ Poor	_____ Blind
Color Vision	_____ Normal	<u> X </u> Impaired	
Hearing	_____ Normal	<u> X </u> Moderate Loss	_____ Deaf
Manual Dexterity	<u> X </u> Good	_____ Fair	_____ Poor
Talking/Speech	<u> X </u> Good	_____ Fair	_____ Mute