

CSC RECEIPT STAMP

NOTIFICATIONS:

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MEMORANDUM

DATE: June 16, 2025
TO: The Honorable Civil Service Commission
THROUGH: Carol Isen, Human Resources Director
FROM: Steve Ponder, Classification and Compensation Director
Kate Howard, Managing Deputy Director
SUBJECT: Appeal by Daniel Becker, SEIU Local 1021 of the classification action regarding amendments to the 2430 Medical Evaluations Assistant classification specification (Register No. 0077-25-2)

Background

This memo addresses the issues surrounding the appeal by SEIU Local 1021 regarding amendments to the 2430 Medical Evaluations Assistant class specification (Attachment A – Classification Action No. 23).

On May 10, 2024, DHR provided SEIU a copy of the proposed amendments and SEIU requested to meet. On May 23, 2024, DHR, DPH, and SEIU held an initial meeting, during which SEIU expressed their concerns with the change to the class title from Medical Evaluations Assistant to Medical Assistant and the change to the minimum qualifications that allowed candidates who have completed a training program with a module in blood draw to qualify without a Phlebotomy Technician I Certificate (CPT-1) unless assigned to a location that requires the certificate by law or regulation.

License and Certification:

Possession of a valid Certified Phlebotomy Technician I Certificate, issued by the State of California, Department of Health Services, **is required for those who have not completed a training program with a module in blood draw or for those assigned to locations that require the Certificate by laws and/or regulations.**

In addition to the concerns with the proposed changes to the class specification, SEIU also expressed concerns with the compensation of the 2430.

During negotiations for the successor MOU in 2022, SEIU expressed concerns that the 2430 Medical Evaluations Assistants were compensated less than the 2303 Patient Care Assistants, which required less training and education and performed less skilled work. The City agreed to provide the 2430s with the same salary steps as the 2303, giving the 2430s an 11.9% salary increase. The City also agreed to provide an additional 5% premium to 2430s working in the Emergency Department at Zuckerberg San Francisco General Hospital (ZSFG). During meetings regarding the proposed class specification update, SEIU once again raised the compensation issue and asserted that 2430s should be paid at a higher rate than the 2303s. However, SEIU did not bring up any issues with the 2430s and did not pass any compensation proposals for the 2430s during the latest round of negotiations in 2024 that occurred outside of these class discussions.

Over the past year, DHR, DPH, and SEIU have met five times, during which the City provided responses to SEIU's concerns regarding the class specification changes and reiterated to SEIU that any concerns related to compensation must be discussed during contract negotiations. On November 1, 2024, the union submitted a counterproposal to the City's proposed class specification amendments via email (Attachment B - SEIU 1021 Counter Proposal 1) that stated:

The proposed changes would impact patient delay time and patient care due to necessity of provider supervision when performing phlebotomy without CPT-1 certification

The proposed changes would decrease patient safety due to lack of certified phlebotomist performing venipuncture. Currently, CPT-1 certification must be kept current by testing and renewal every two years, ensuring most current and safest practices are adhered to

The proposed changes would deskill 2430 classification by removing CPT-1 certification which medical assistants are formally trained and prepared for certification.

Removing CPT-1 certification requirements is like a registered nurse completing a nursing program then working as a nurse without obtaining and maintaining licensing as long as they work with a licensed doctor: UNSAFE

In an effort to reach an agreement we are reluctantly and cautiously willing to accept the unsafe proposed changes if the following language is agreed upon by DPH:

- 1) All current 2430s who possess a CPT1 license shall receive a 5% license differential.*
- 2) Future 2430 positions with a special requirement to possess a CPT1 license shall receive a 5% license differential.*
- 3) All 2430s who were dismissed in the past 5 years due to their inability to renew their CPT1 license shall be offered full reinstatement with backpay dating back to the day of their dismissal.*

On November 18, 2024, the City rejected SEIU's proposal as it determined that the proposals were economic in nature and out of scope of a class specification related meet and confer (Attachment C - 11.18.24 City Response to 11.01.24 Counter Proposal).

On February 13, 2025, the parties held their final meeting, during which the City advised SEIU that it would close meet and confer and move forward with posting the amendments to the class specification, and that SEIU could file an appeal with the Civil Service Commission if they were not in agreement. The union disagreed with the City's basis for rejecting their proposal and insisted that the parties continue to bargain over their economic proposal while their contract is closed. The City repeatedly pointed out to SEIU that the City did not agree to negotiate wages. The union indicated that it did not intend to amend its current proposal. In the post meeting memo, the City informed SEIU that it remains willing to consider counterproposals regarding the proposed amendments if they were within scope. If SEIU did not submit another proposal, then the City would consider this matter closed and move forward with the posting. (Attachment D - 02.13.25 Post Meeting Memo).

On February 24, 2025, SEIU Representative Daniel Becker insisted via email that the parties continue to negotiate over the economic proposal, stating that:

The proposal was difficult for us to make because we understand that the City's proposal would hurt both our members as well as the patients that they care for, but we are still willing to make concessions to keep the process going and so that we could come up with an agreement that works for everyone (Attachment E – Daniel Becker 02.24.25 Email).

Since SEIU did not submit any additional written proposals that were within scope, DHR concluded the meet and confer, preliminary posted the amendments on March 3, 2025, and finalized on March 10, 2025.

Issues

Is it reasonable to change the job title of the 2430 from Medical Evaluations Assistant to Medical Assistant? Is it reasonable to allow candidates who have completed a training program with a module in blood draw to qualify without a CPT-1 unless assigned to a location that requires the certificate by law or regulation?

Authority/Standards

Appeal of classification actions is governed by Rule 109. The Human Resources Director has the authority to change the title of a class and amend class specifications as necessary. The decision of the Human Resources Director is appealable to the Civil Service Commission. Any employee, employee representative or appointing officer affected by a classification action may appeal the action to the Civil Service Commission. The appeal shall be in writing, stating the basis on which the appeal is based and shall be in accordance with the procedures established by the Executive Officer of the Civil Service Commission. The decision of the Civil Service Commission shall be final and not subject to reconsideration.

Findings

SEIU contends that it is not reasonable to change the job title of the 2430 because there is a City College of San Francisco "Medical Evaluations Assistant" certificate that currently qualifies for the 2430 position. SEIU also contends that it is not reasonable to broaden the CPT-1 requirement because new employees would be less skilled and would cause harm to the patients.

The City contends that it is reasonable to change the job title to Medical Assistant, as this conforms with industry standards. The City contends that it is reasonable to broaden the CPT-1 requirement, as medical assistants are allowed to draw blood without a CPT-1 once they have completed the on-the-job training as specified by the California Code.

Discussion and Analysis

Change to the Class Title

The City proposed to change the class title from "Medical Evaluations Assistant" to "Medical Assistant" to better reflect the industry standard for positions that perform this work and assist in recruitment efforts. "Medical Assistant" is the more commonly used job title and the most relevant to qualified

candidates looking to apply for this position. The following public jurisdictions use “Medical Assistant” as the job title:

<u>Jurisdiction</u>	<u>Classification</u>
Alameda County	Medical Assistant
Contra Costa County	Certified Medical Assistant
Napa County	Certified Medical Assistant
San Jose City	Medical Assistant
Santa Clara County	Medical Assistant
Santa Cruz County	Medical Assistant
Solano County	Medical Assistant

The following private and semi-private hospitals in the Bay Area use “Medical Assistant” as the job title:

<u>Jurisdiction</u>	<u>Classification</u>
Alameda County Medical Center	Medical Assistant
Alta Bates	Medical Assistant
CPMC	Medical Assistant
Kaiser	Medical Assistant
UCSF	Medical Assistant (Hosp Blank Ast 2)
UCSF Children's Hospital	Medical Assistant (Hosp Blank Ast 2)

None of the jurisdictions surveyed use the job title “Medical Evaluations Assistant”.

SEIU opposes the change in title as there is an existing Medical Evaluations Assistant certificate through City College of San Francisco that qualify students for the 2430 position. No changes were proposed to the education minimum qualifications. Philippa Doyle, the Director of Nursing for Primary Care at DPH, who has worked with City College on this program, has repeatedly assured SEIU that changing the job title would not affect the program graduates’ ability to qualify. Candidates who obtain this certificate remain qualifying for the 2430.

Changes to the Minimum Qualifications

The City proposed to change the minimum qualifications after reviewing feedback from subject matter experts, including Philippa Doyle and Dave Staconis, the Nursing Director at ZSFG’s Emergency Department. Medical assistants who possess a recognized Medical Assistant Degree or Certificate can draw blood after completing the training requirements as defined within California Code Regulations Title 16, §1366.1 without having a CPT-1 (Attachment F – Cal. Code Regs Tit. 16 §1366.1). This consists of 10 hours of blood withdrawal training that would occur during an employee’s probationary period, followed by 10 observed successful capillary blood withdrawals and 10 observed successful venipunctures (Attachment G – MEA Blood Withdrawal Training PowerPoint and Proctor Sign Off Sheets).

By law, certain locations, like the Emergency Department, require medical assistants to possess the CPT-1 to draw blood. 2430s hired to these locations would have a special condition attached to their position and still be required to possess the CPT-1. Based on location, the majority of employees do not need the CPT-1. Candidates who qualify through the substitution by completing an EMT-P training program, an

EMT training program, or a US Military Corpsman training program, but not a Medical Assistant training program would still need a CPT-1. Removing the CPT-1 requirement allows the City to hire qualified medical assistants who do not possess the certificate but can legally draw blood after successful completion of the on-the-job training during the probationary period.

During the last several years, the City has made increased efforts to review minimum qualifications to ensure candidates are not needlessly screened out. SEIU has been a partner in supporting the City's efforts to remove these artificial barriers. The City has broadened the MQs for many different classes, including those represented by SEIU like the 257X Medical Examiner's Investigators Series, the 131X Public Relations Series, the 2303 Certified Nursing Assistant, and the 2583 Home Health Aide. The City has also changed the job title of the 2303 Patient Care Assistant to Certified Nursing Assistant to better reflect industry standards. SEIU has been supportive of these changes in the past. The salary of the 2430 Medical Evaluations Assistant has been an ongoing concern for SEIU. During negotiations in 2022, the City agreed to provide a substantial increase to the class. SEIU failed to raise their compensation concerns during the subsequent round of negotiations in 2024, and it is concerning to the City that SEIU is now using discussions related to class specification updates to bargain for further compensation.

Conclusion

The City has stated valid reasons for changing the job title and minimum qualifications of the 2430 Medical Evaluations Assistant. The City has also tried to engage the union in meaningful conversations regarding the class specification, however SEIU continues to insist on negotiating compensation in exchange for their agreement.

Recommendation

Uphold the Human Resources Director's decision and deny the appeal of SEIU L1021.

**NOTICE OF PROPOSED CLASSIFICATION ACTIONS BY
THE HUMAN RESOURCES DIRECTOR**

The following actions are being posted in accordance with Civil Service Rule 109. In the absence of a protest addressed to the Human Resources Director, the proposed changes will become final seven (7) calendar days from the posting date.

Posting No: 23
Fiscal Year: 2024/2025
Posted Date: 03/03/2025
Reposted Date: N/A

AMEND THE FOLLOWING JOB SPECIFICATION(S):
(Job specification(s) attached)

Item #	Job Code	Title	Bargaining Unit
1	2430	Medical Evaluations Assistant	23

Protests on an item should be addressed to the Human Resources Director and can be submitted by mail to the City and County of San Francisco, Department of Human Resources, 1 South Van Ness Ave, 4th Floor, San Francisco, CA 94103 or by email to DHR.ClassificationActionPostings@sfgov.org. All protests must be received in writing no later than close of business seven (7) calendar days from the posting date, and must include the posting and item number(s), the basis on which the protest is submitted and identify the affected parties.

Copies of this notice may be obtained from the Department of Human Resources or from the website at: <http://sfdhr.org/index.aspx?page=109>. Copies of Civil Service Rule 109 may be obtained from the Department of Human Resources, the office of the Civil Service Commission at 25 Van Ness Ave, Suite 720, San Francisco, CA 94102 or from the website at: [Rule 109 Position Classification and Related Rules | Civil Service Commission](#).

cc: All Employee Organizations
All Departmental Personnel Officers
DHR – Class and Comp Unit
DHR – Client Services Unit
DHR – Employee Relations Unit
DHR – Recruitment and Assessment Unit
DHR – Client Services Operations
Carol Isen, DHR
Sandra Eng, CSC
Erik Rapoport, SFERS
Theresa Kao, Controller/ Budget Division
E-File

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES

Title: ~~Medical Evaluations Assistant~~
Job Code: 2430

DEFINITION

Under immediate supervision, assists physicians, nurse practitioners, and physicians' assistants in administering a variety of medical tests.

DISTINGUISHING FEATURES

The 2430 Medical ~~Evaluations Assistant~~ is distinguished from 2303 Certified Nursing Assistant, ~~Patient Care Assistant~~ and 2312 Licensed Vocational Nurse in that the latter classifications are clinically licensed –and, as members of the health care team, perform a wider range of health care duties involved in providing direct patient care.

SUPERVISION EXERCISED

May be assigned supervisory duties over other employees.

EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

According to Civil Service Commission Rule 109, the duties specified below are representative of the range of duties assigned to this job code/class and are not intended to be an inclusive list.

1. Under the direction of physicians, nurse practitioners, and physicians' assistants, administers and evaluates routine medical tests such as, electrocardio-graph, visual acuity, color vision, hearing, blood pressure, urinalysis and temperature.
2. Examines medical history forms for completeness; prepares medical records and forms for examinees; explains medical examination procedures.
3. Posts a variety of information and data in connection with the maintenance of medical records; files medical records and correspondence.
4. ~~Sterilizes needles, syringes and~~ Processes medical instruments for sterilization processing; cleans equipment and performs simple maintenance on same; operates a centrifuge and autoclave.
5. Maintains inventories of materials, supplies and equipment.
6. When assigned to the Emergency Department, assists in maintaining patients' personal hygiene and comfort, such as bathing; maintaining a clean patient environment, which may include patient clothing; and transporting patients between hospital departments and wards

KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of: medical terminology.

Ability or Skill to: keep routine records concerning medical examinations; summarize data in report form; operating routine medical examination equipment such as stethoscopes, audiometers, spirometers, electrocardiograph equipment, and color vision and visual acuity charts.

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**

Title: Medical ~~Evaluations~~ Assistant
Job Code: 2430

MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

Education:

Possession of a recognized Medical Assistant Degree or Certificate.

Experience:

License and Certification:

Possession of a valid Certified Phlebotomy Technician I Certificate, issued by the State of California, Department of Health Services, **is required for those who have not completed a training program with a module in blood draw or for those assigned to locations that require the Certificate by laws and/or regulations.**

Substitution:

Any of the following may substitute for the required education:

- Completion of an EMT-P (Emergency Medical Technician-/Paramedic) Training Program; **or**
- Completion of a U.S. Military Corpsman Training Program; or
- Completion of an EMT Training Program AND ~~two (2) years of verifiable medical assisting work experience.~~ **one (1) year of verifiable prehospital or emergency department clinical work experience.**

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

ORIGINATION DATE: 10/31/1966

AMENDED DATE: 9/9/1983; 7/10/2015; 10/27/2015; 01/12/17; **X/XX/XX**

REASON FOR AMENDMENT: *To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.*

BUSINESS UNIT(S): COMMN SFCCD

City and County of San Francisco
Carol Isen
Human Resources Director



Department of Human Resources
Connecting People with Purpose
www.sfdhr.org

**NOTICE OF FINAL ACTION TAKEN BY THE
HUMAN RESOURCES DIRECTOR**

Date: March 10, 2025

Re: **Notice of Proposed Classification Actions – Final Notice No. 23 FY 2024/2025
(copy attached).**

In the absence of requests to meet addressed to the Human Resources Director, the classification actions contained in the above referenced notice became effective March 10, 2025.

Carol Isen
Human Resources Director

by:

Steve Ponder
Classification and Compensation Director
Human Resources

cc: All Employee Organizations
All Departmental Personnel Officers
DHR – Class and Comp Unit
DHR – Client Services Unit
DHR – Employee Relations Unit
DHR – Recruitment and Assessment Unit
DHR – Client Services Operations
Carol Isen, DHR
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**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**

**Title: Medical Assistant
Job Code: 2430**

DEFINITION

Under immediate supervision, assists physicians, nurse practitioners, and physicians' assistants in administering a variety of medical tests.

DISTINGUISHING FEATURES

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EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES

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KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of: medical terminology.

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**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES**

**Title: Medical Assistant
Job Code: 2430**

MINIMUM QUALIFICATIONS

These minimum qualifications establish the education, training, experience, special skills and/or license(s) which are required for employment in the classification. Please note, additional qualifications (i.e., special conditions) may apply to a particular position and will be stated on the exam/job announcement.

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Possession of a recognized Medical Assistant Degree or Certificate.

Experience:

License and Certification:

Possession of a valid Certified Phlebotomy Technician I Certificate, issued by the State of California, Department of Health Services, is required for those who have not completed a training program with a module in blood draw or for those assigned to locations that require the Certificate by laws and/or regulations.

Substitution:

Any of the following may substitute for the required education:

Completion of an EMT-P (Emergency Medical Technician-Paramedic) Training Program; or

Completion of a U.S. Military Corpsman Training Program; or

Completion of an EMT Training Program AND one (1) year of verifiable prehospital or emergency department clinical work experience.

SUPPLEMENTAL INFORMATION

PROMOTIVE LINES

ORIGINATION DATE: 10/31/1966

AMENDED DATE: 9/9/1983; 7/10/2015; 10/27/2015; 01/12/17; 03/10/25

REASON FOR AMENDMENT: *To accurately reflect the current tasks, knowledge, skills & abilities, and minimum qualifications.*

BUSINESS UNIT(S): COMMN SFCCD

SEIU 1021 Counter Proposal #1

2430 Medical Evaluation Assistant Job Description Amendment

11.1.2024

- SEIU 1021 is not in favor of the proposed changes brought forward by DPH.
- The proposed changes would impact patient delay time and patient care due to necessity of provider supervision when performing phlebotomy without CPT-1 certification
- The proposed changes would decrease patient safety due to lack of certified phlebotomist performing venipuncture. Currently, CPT-1 certification must be kept current by testing and renewal every two years, ensuring most current and safest practices are adhered to
- The proposed changes would deskill 2430 classification by removing CPT-1 certification which medical assistants are formally trained and prepared for certification.
- Removing CPT-1 certification requirements is like a registered nurse completing a nursing program then working as a nurse without obtaining and maintaining licensing as long as they work with a licensed doctor: UNSAFE

- In an effort to reach an agreement we are reluctantly and cautiously willing to accept the unsafe proposed changes if the following language is agreed upon by DPH:
 - 1) All current 2430s who possess a CPT1 license shall receive a 5% license differential.
 - 2) Future 2430 positions with a special requirement to possess a CPT1 license shall receive a 5% license differential.
 - 3) All 2430s who were dismissed in the past 5 years due to their inability to renew their CPT1 license shall be offered full reinstatement with backpay dating back to the day of their dismissal.

City and County of San Francisco
Carol Isen
Human Resources Director



Department of Human Resources
Connecting People with Purpose
www.sfdhr.org

Via Email

DATE: November 18, 2024

TO: Claude Joseph, Field Supervisor, SEIU 1021
Daniel Becker, Field Representative, SEIU 1021

FROM: Rorie Brennan, Employee Relations Representative

CC: Oumar Fall, Regional Director, SEIU 1021
Scott DeWolfe, Merit Systems Manager, DPH
Philippa Doyle, Nursing Supervisor, DPH
David Staconis, Nursing Supervisor, DPH
Ardis Graham, Employee Relations Director
Steve Ponder, Director of Classification and Compensation
Jonathan T. Wright, Assistant Employee Relations Director
Emily Lee, Senior Classification and Compensation Analyst
Chandler Florence, Classification and Compensation Analyst

RE: City Response to November 1, 2024, Counter Proposal

Dear Labor Partners,

On October 23, 2024, the City and County of San Francisco (City) met with Service Employees International Union, Local 1021 (SEIU or Union) regarding proposed amendments to the 2430 Medical Evaluations Assistant job spec and Minimum Qualifications (MQ). The parties previously met on this same issue on May 23, 2024 and July 16, 2024.

On November 1, 2024, the Union submitted a counterproposal via email that stated:

In an effort to reach an agreement we are reluctantly and cautiously willing to accept the unsafe proposed changes if the following language is agreed upon by DPH:

- 1) All current 2430s who possess a CPT1 license shall receive a 5% license differential.
- 2) Future 2430 positions with a special requirement to possess a CPT1 license shall receive a 5% license differential.
- 3) All 2430s who were dismissed in the past 5 years due to their inability to renew their CPT1 license shall be offered full reinstatement with backpay dating back to the day of their dismissal.

Representatives from the Department of Human Resources' Class and Compensation and Employee Relations Division have reviewed and discussed the Union's proposals and determined that because they are economic

Attachment C

in nature, they are, therefore, out of scope for a Civil Service meet and confer.

The City remains willing to meet with the Union to discuss the proposed amendments to the 2430 Medical Evaluations Assistant job spec and Minimum Qualifications (MQ). Please contact Rorie Brennan at rorie.brennan@sfgov.org by November 25, 2024 to schedule a meeting or the City will consider this matter closed.

If you have any questions or concerns, please contact Employee Relations.

Attachment D

February 13, 2025, Post Meeting Memo
2430 Medical Evaluations Assistant Classification Review
Page 2 of 2

City and County of San Francisco
Carol Isen
Human Resources Director



Department of Human Resources
Connecting People with Purpose
www.sfdhr.org

Via Email

DATE: February 21, 2025

TO: Daniel Becker, Field Representative, SEIU 1021

FROM: Rorie Brennan, Employee Relations Representative

CC: Oumar Fall, Regional Director, SEIU 1021
Claude Joseph, Field Supervisor, SEIU 1021
Scott DeWolfe, Merit Systems Manager, DPH
Philippa Doyle, Nursing Supervisor, DPH
David Staconis, Nursing Supervisor, DPH
Ardis Graham, Employee Relations Director
Steve Ponder, Director of Classification and Compensation
Jonathan T. Wright, Assistant Employee Relations Director
Emily Lee, Senior Classification and Compensation Analyst
Chandler Florence, Classification and Compensation Analyst
Greg Stalfa, Employee Relations Representative

RE: **February 13, 2025, Post Meeting Memo - 2430 Medical Evaluations Assistant Classification Review**

Dear Labor Partners,

On February 13, 2025, the City and County of San Francisco (City) met with Service Employees International Union, Local 1021 (SEIU or Union) regarding proposed amendments to the 2430 Medical Evaluations Assistant job specification and Minimum Qualifications (MQs). The purpose of the proposed amendment is to remove barriers to City employment which is a stated goal of both the Union and the City. The parties previously met on this same issue on May 23, 2024, July 16, 2024, and October 23, 2024.

On November 1, 2024, the Union submitted a counterproposal via email that stated:

In an effort to reach an agreement we are reluctantly and cautiously willing to accept the unsafe proposed changes if the following language is agreed upon by DPH:

- 1) All current 2430s who possess a CPT1 license shall receive a 5% license differential.
- 2) Future 2430 positions with a special requirement to possess a CPT1 license shall receive a 5% license differential.

Attachment D

February 13, 2025, Post Meeting Memo
2430 Medical Evaluations Assistant Classification Review
Page 2 of 2

3) All 2430s who were dismissed in the past 5 years due to their inability to renew their CPT1 license shall be offered full reinstatement with backpay dating back to the day of their dismissal.

On November 18, 2024, the City notified the Union that it was rejecting the Union's November 1, 2024, proposal because it was economic in nature, and therefore, out of scope for a Civil Service meet and confer. The Union's proposal was conditional in that the Union was willing to accept the purported unsafe proposed amendments in exchange for economic premiums and backpay for the affected classification. Despite the out of scope proposal, the City offered to meet again with the union again.

On November 22, 2024, the Union requested to meet again on the matter; the City offered multiple potential dates to the Union during the week of December 9, 2024. The Union indicated they were not available to meet that week and asked to meet instead the following week. On December 12, 2024, the parties agreed to meet on December 19, 2024, at 1:00 pm. On December 13, 2024, the City notified the Union that due to a previously unforeseen conflict, they were not available to meet on December 19, 2024, and requested to meet the week of January 6, 2025, instead; the Union did not respond to the City's attempt to schedule an additional meeting. On January 16, 2025, the city sent the Union a memo stating that the city would consider the matter closed if the Union did not contact ERD to schedule a meeting by January 24, 2025. On January 16, 2025, the Union notified the City that they wanted to continue to meet and discuss the issue. On January 30, the City offered the Union multiple dates to meet during the week of February 10, 2025, the parties agreed to meet on February 13, 2025, at 1:00 pm via Microsoft Teams.

During the February 13, 2025, meeting, Classification and Compensation Director Steve Ponder provided a summary of the parties' discussions to date and stated the City was prepared to close the meet and confer process and move forward with posting the proposed amendments to the 2430 Medical Evaluations Assistant job specification and MQs pursuant to the Civil Service Commission Rules. In addition, he advised that the Union could file a protest with the Civil Service Commission if they are not in agreement with the proposed amendment. The Union disagreed with the City's basis for rejecting their November 1, 2024, proposal and insisted that the parties continue to bargain over their economic proposal while their contract is closed. The City repeatedly pointed out to the Union that the City did not agree to negotiate wages. Notably this is a permissive topic during the life of the contract. The Union indicated that it did not intend to amend its current proposal and, instead, threatened to declare impasse.

Despite these protracted discussions, and as stated during the meeting, the City remains willing to consider Union counterproposals regarding the proposed amendments to the 2430 Medical Evaluations Assistant job specification and MQs within the scope of bargaining. Please submit a written proposal to Rorie Brennan at rorie.brennan@sfgov.org by close of business on February 28, 2025, or the City will consider this matter closed and will proceed with posting the revised 2430 job specification.

If you have any questions or concerns, please contact Employee Relations.

Attachment E

From: [Daniel Becker](#)
To: [Brennan, Rorie \(HRD\)](#)
Cc: [Oumar Fall](#); [Claude Joseph](#); [Dewolfe, Scott \(DPH\)](#); [Doyle, Philippa \(DPH\)](#); [Staconis, David \(DPH\)](#); [Graham, Ardis \(HRD\)](#); [Ponder, Steve \(HRD\)](#); [Wright, Jonathan \(HRD\)](#); [Lee, Emily \(HRD\)](#); [Florence, Chandler \(HRD\)](#); [Stalfa, Gregory \(HRD\)](#); [Thomas, Erin \(DPH\)](#); [Carey Dall](#)
Subject: RE: 02.13.2025 Post Meeting Memo - SEIU 2430 MEA Class Spec Review
Date: Monday, February 24, 2025 4:12:28 PM
Attachments: [image001.png](#)
[SEIU 1021 Counter Proposal 1.pdf](#)

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi Rorie,

Thank you for your email, however, you made some misleading mistakes in your document. I'm not sure if it's on purpose, so I'll give you the benefit of the doubt that maybe you misunderstood what was said in the meeting.

The Union never declared impasse, we asked you if the City is planning to declare impasse because you kept saying that you're going to impose this on us. I asked the City if you knew the process to impose in which the City responded that they did but couldn't explain the process to us. That is when I asked if you are planning to declare impasse and go to fact finding.

To clarify, we've met several times where we explained to the City our concerns with this change. We explained in detail that the City College course for MEAs is directly ties to the current job description. We also explained that removing the license would deskill the MEA classification.

We made a good faith effort to meet and confer over these proposed changes and we submitted a counter proposal which the City denied on the spot without addressing any of our concerns. The proposal was difficult for us to make because we understand that the City's proposal would hurt both our members as well as the patients that they care for, but we were willing to make concessions to keep the process going and so that we could come up with an agreement that works for everyone. I am attaching a copy of the counter proposal.

When we met last week, the only response that the City had for us is that it will not even entertain our proposal and that they do not have the authority to negotiate it. When we asked the City if you understand what our members' concerns were, Steve Ponder stated that he understood them but could not repeat any of our concerns to us. This shows me that the City is not paying attention and doesn't really care about our members' concerns. Nothing has been done by the City to alleviate any of our members' concerns, we did not even get a counter

Attachment E

proposal from you. This is bad faith bargaining.

We do not believe you have the right to impose this on our members. We will need to meet again and see how the department can work with the Union to come up with an agreement that works for everyone.

Please let us know when we can meet.

Thanks,
Daniel

Daniel Becker
Field Representative
SEIU Local 1021
350 Rhode Island, Suite 100 South Bldg., San Francisco, CA 94103

From: Brennan, Rorie (HRD) <rorie.brennan@sfgov.org>
Sent: Friday, February 21, 2025 4:38 PM
To: Daniel Becker <Daniel.Becker@seiu1021.org>
Cc: Oumar Fall <Oumar.Fall@SEIU1021.ORG>; Claude Joseph <Claude.Joseph@seiu1021.org>; Dewolfe, Scott (DPH) <scott.dewolfe@sfdph.org>; Doyle, Philippa (DPH) <philippa.doyle@sfdph.org>; Staconis, David (DPH) <david.staconis@sfdph.org>; Graham, Ardis (HRD) <ardis.graham@sfgov.org>; Ponder, Steve (HRD) <steve.ponder@sfgov.org>; Wright, Jonathan (HRD) <jonathan.wright@sfgov.org>; Lee, Emily (HRD) <emily.lee@sfgov.org>; Florence, Chandler (HRD) <chandler.florence@sfgov.org>; Stalfa, Gregory (HRD) <gregory.stalfa@sfgov.org>
Subject: 02.13.2025 Post Meeting Memo - SEIU 2430 MEA Class Spec Review

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

Please see the attached post meeting memo for the February 13, 2025 meeting regarding the 2430 Medical Evaluations Assistant Class Spec Review.

Thank you,
Rorie

| **Rorie Brennan** (she, her, hers)

Attachment F

III > State Regulations > California Code of Regulations
> Title 16 - Professional and Vocational Regulations
> Division 13 - Medical Board of California > Chapter 3 - Affiliated Healing Arts
> Article 2 - Medical Assistants
> **Cal. Code Regs. Tit. 16, § 1366.1 - Training to Perform Venipuncture, Injections and Inhalation of Medication**

Cal. Code Regs. Tit. 16, § 1366.1 - Training to Perform Venipuncture, Injections and Inhalation of Medication

State Regulations Compare

In order to administer medications by intramuscular, subcutaneous and intradermal injection, to perform skin tests, or to perform venipuncture or skin puncture for the purposes of withdrawing blood, a medical assistant shall have completed the minimum training prescribed herein. Training shall be for the duration required by the medical assistant to demonstrate to the supervising physician, podiatrist, or instructor, as referenced in Section [1366.3\(a\)\(2\)](#), proficiency in the procedures to be performed as authorized by Sections [2069](#) or [2070](#) of the code, where applicable, but shall include no less than:

- (a) Ten (10) clock hours of training in administering injections and performing skin tests, and/or
- (b) Ten (10) clock hours of training in venipuncture and skin puncture for the purpose of withdrawing blood, and
- (c) Satisfactory performance by the trainee of at least ten (10) each of intramuscular, subcutaneous, and intradermal injections and ten (10) skin tests, and/or at least ten

Attachment F

(10) venipunctures and ten (10) skin punctures.

(d) For those only administering medication by inhalation, ten (10) clock hours of training in administering medication by inhalation.

(e) Training in (a) through (d) above, shall include instruction and demonstration in:

- (1) pertinent anatomy and physiology appropriate to the procedures;
- (2) choice of equipment;
- (3) proper technique including sterile technique;
- (4) hazards and complications;
- (5) patient care following treatment or test;
- (6) emergency procedures; and
- (7) California law and regulations for medical assistants.

Notes

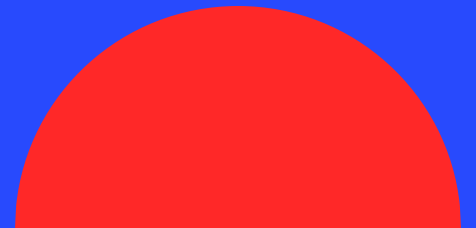
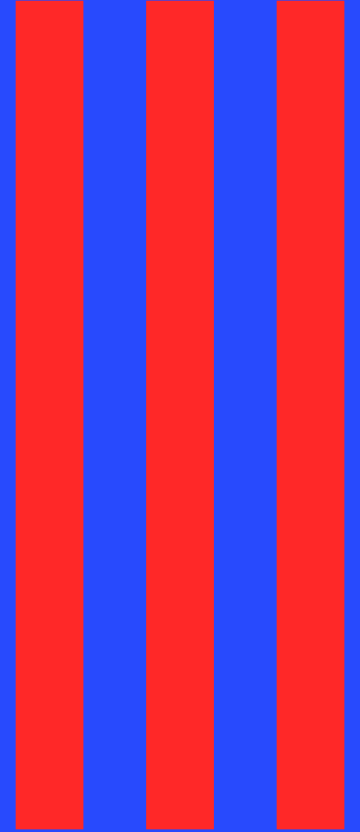
Cal. Code Regs. Tit. 16, § 1366.1

1. Renumbering and amendment of former section 1366.1 to section 1366.3 and renumbering and amendment of former section 1366 to section 1366.1 filed 3-20-92; operative 4-20-92 (Register 92, No. 13).

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2069 and 2070, Business and Professions Code.

1. Renumbering and amendment of former section 1366.1 to section 1366.3 and renumbering and amendment of former section 1366 to section 1366.1 filed 3-20-92; operative 4-20-92 (Register 92, No. 13).

MEA Blood Withdrawal



Training outline

Part 1

ANATOMY &
PHYSIOLOGY

Part 2

SAFETY MEASURES

Part 3

VENIPUNCTURE

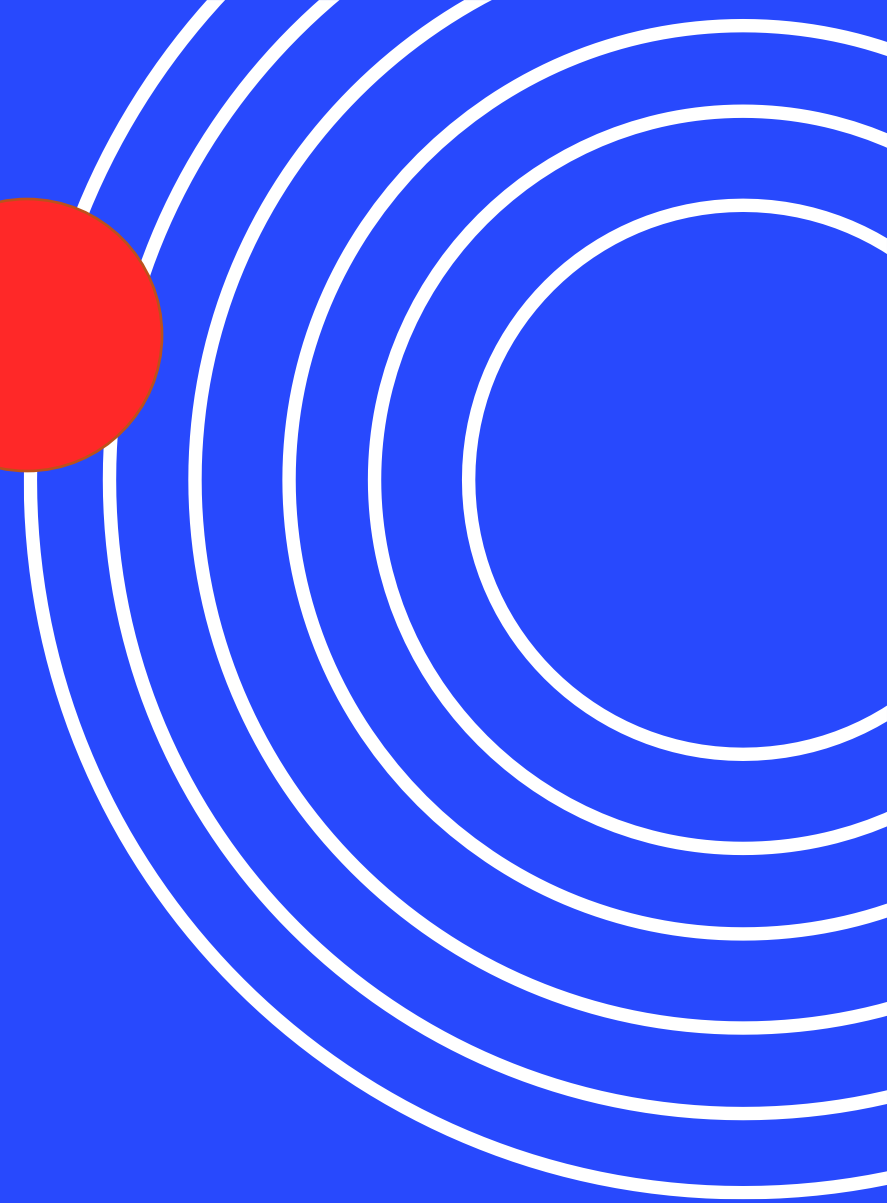
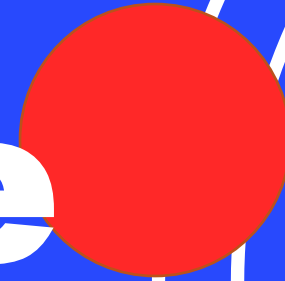
Part 4

CAPILLARY
COLLECTION

Anatomy & Physiology



**What do we
know about
veins ?**



Part 2: Anatomy and Physiology



Veins

A:

Veins are closer to skin surface.

Walls are thinner than arteries and have one way valves that allow blood to flow back to the heart.

Pressure is lower.

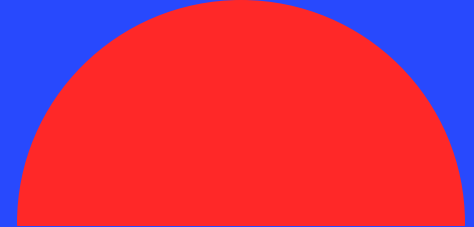
P:

Circulate deoxygenated blood back to heart.

What about arteries?



Part 2: Anatomy and Physiology



Arteries

A:

Arteries run along veins.

Arterial walls are thicker than veins.

Deeper than veins.

Palpable pulse over arteries.

P:

High pressure system.

Nourish organs with blood and nutrients.

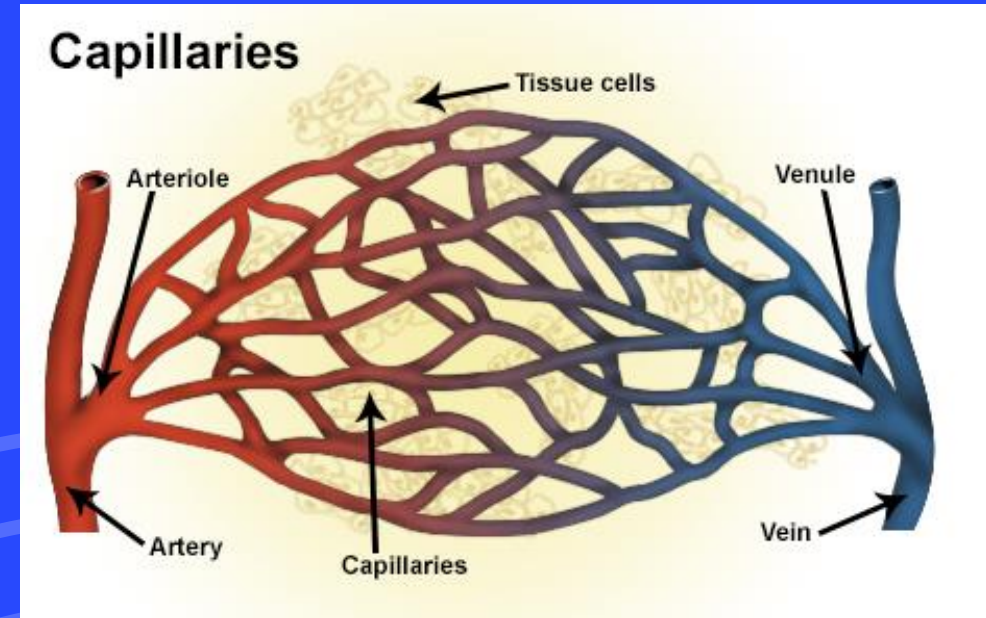
Circulate oxygenated blood to tissues/organs.

Part 1: Anatomy and Physiology

Capillary

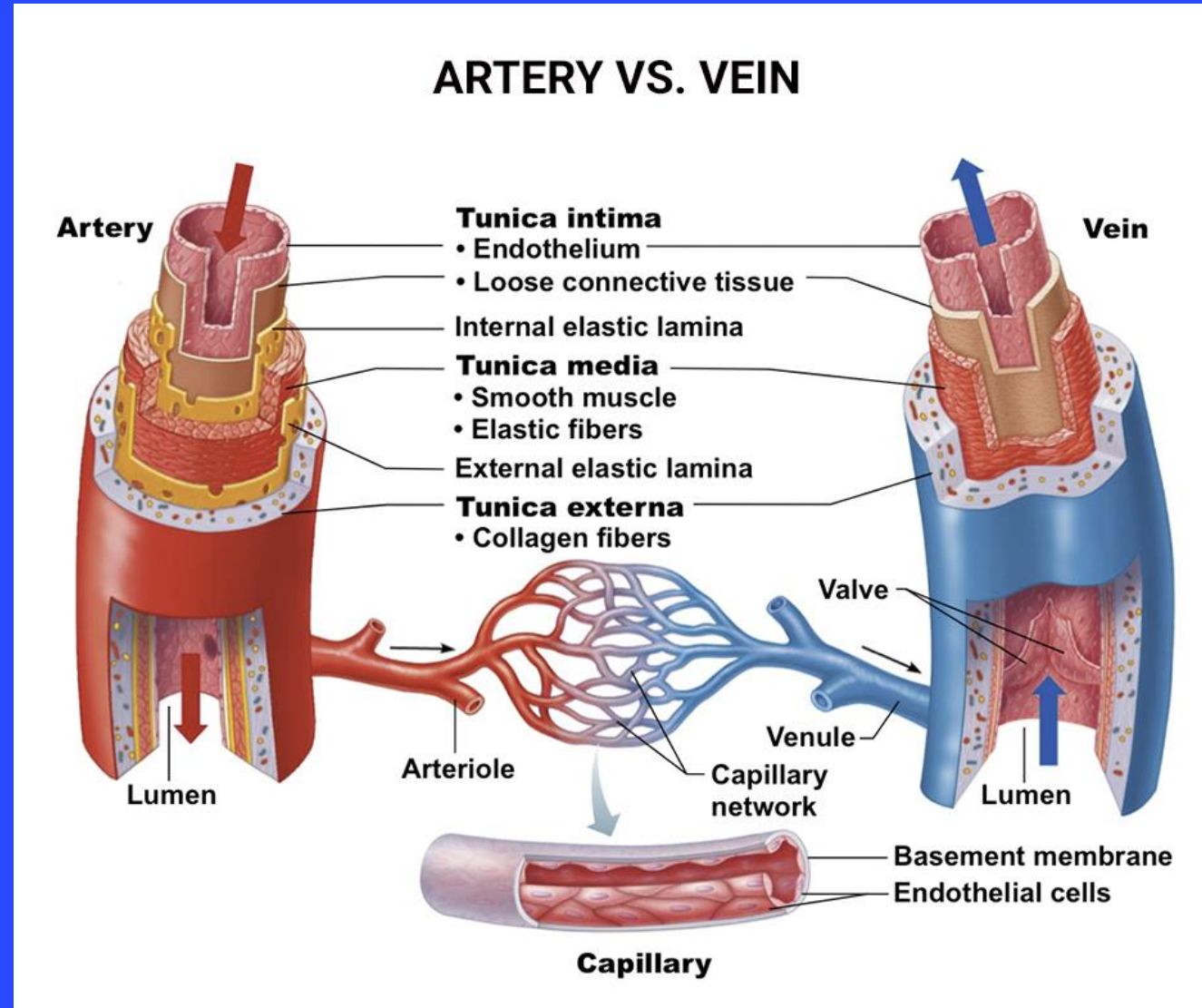
A:
Thin walled.

P:
Nutrient and metabolite exchange via diffusion.

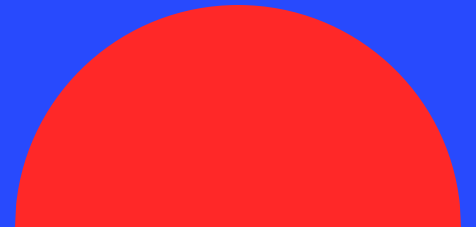
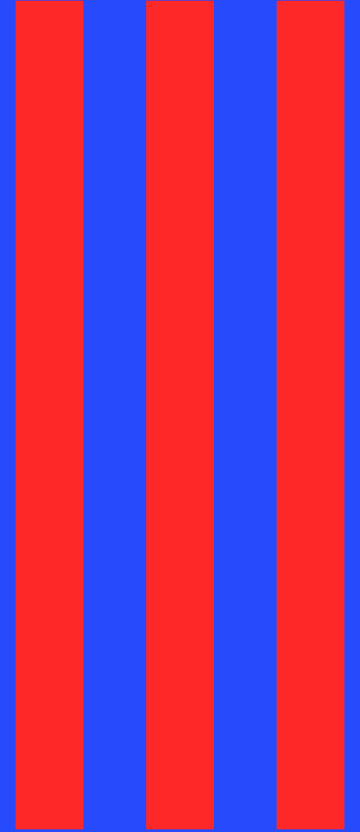


<https://training.seer.cancer.gov/images/anatomy/cardiovascular/capillaries.jpg>

Part 1: Wrap up



Safety Measures



Infection Prevention and Control Practices



Hand hygiene

One pair of gloves per patient



Single-use device w/ safety

Disinfect skin



Discard used device IMMEDIATELY in sharps container.

Report any needle/sharps injury immediately.

Universal Precautions.



Venipuncture

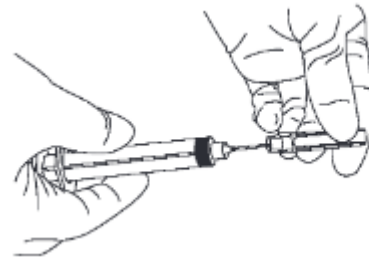
Devices

Preparation

Selection

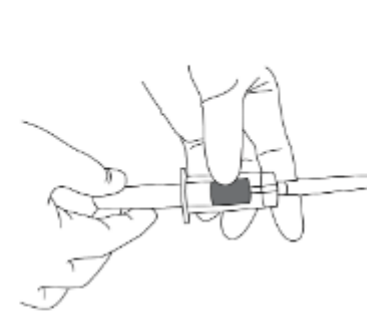
Possible Complications

Venipuncture Devices



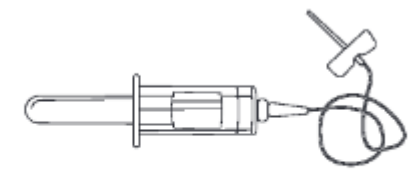
Needle and syringe system

Remove the syringe from the packaging and insert the nozzle of the syringe firmly into the exposed hub of the capped hypodermic needle.



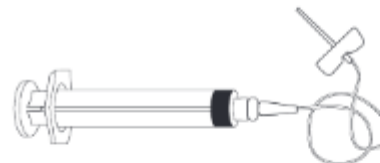
Vacuum extraction system

The barrel holds the sample collection tube in place and protects the phlebotomist from direct contact with blood. Do not push the laboratory tube onto the needle inside the barrel until the needle is in the blood vessel, or the vacuum will be lost.



Winged butterfly system (vacuum extraction)

A vacuum system combined with a winged butterfly needle. Do not push the laboratory tube onto the needle inside the barrel until the winged needle is inside the blood vessel or the vacuum will be lost.



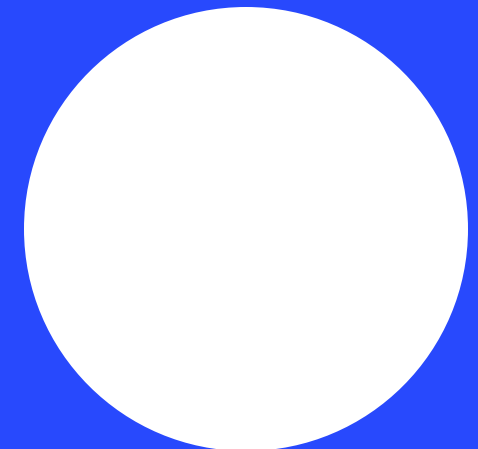
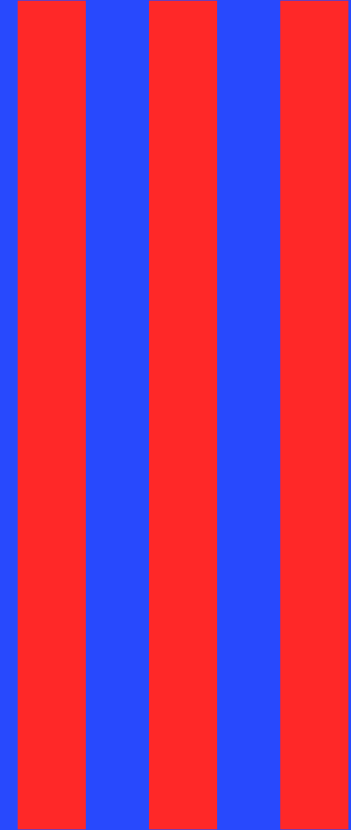
Winged butterfly system (syringe)

A syringe combined with a winged butterfly needle.

Preparation

Gather Supplies:

1. Tourniquet
2. Alcohol swabs
3. Needle (butterfly, needle/syringe etc.)
4. Vacutainer
5. Collection tubes
6. Gauze
7. Bandage
8. Patient labels, lab requisition
9. Biohazard bag



Identify and Prepare the Patient/Caregiver

- "One of the essential markers of quality of care in phlebotomy is the involvement and cooperation of the patient; this is mutually beneficial to both the health worker and the patient"

-WHO guidelines on drawing blood : best practices in phlebotomy



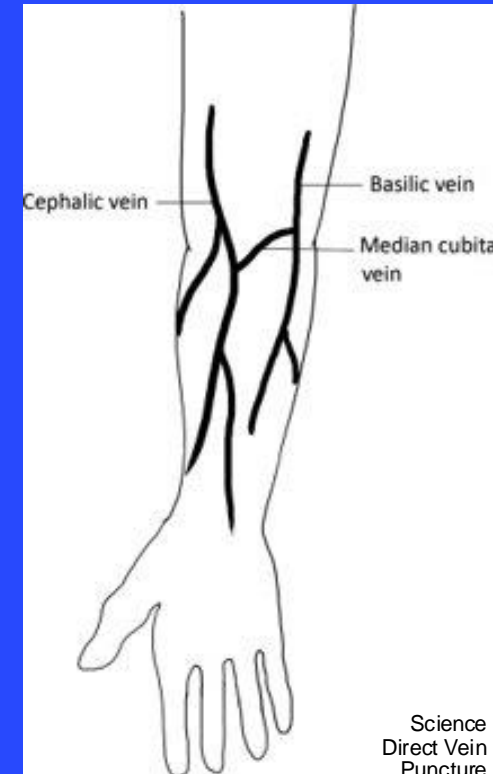
Ensure the patient is in a comfortable position.
Reassure patient as needed.
For pediatrics enlist caregiver support or additional staff.

Selection

Locate a vein: Good size and Straight enough

"Select the site, preferably at the antecubital area (i.e. the bend of the elbow). Warming the arm with a hot pack, or hanging the hand down may make it easier to see the veins. Palpate the area to locate the anatomic landmarks. DO NOT touch the site once alcohol or other antiseptic has been applied."

-WHO guidelines on drawing blood : best practices in phlebotomy



Venipuncture



5. Apply a tourniquet, about 4–5 finger widths above the selected venepuncture site.



6. Ask the patient to form a fist so that the veins are more prominent.

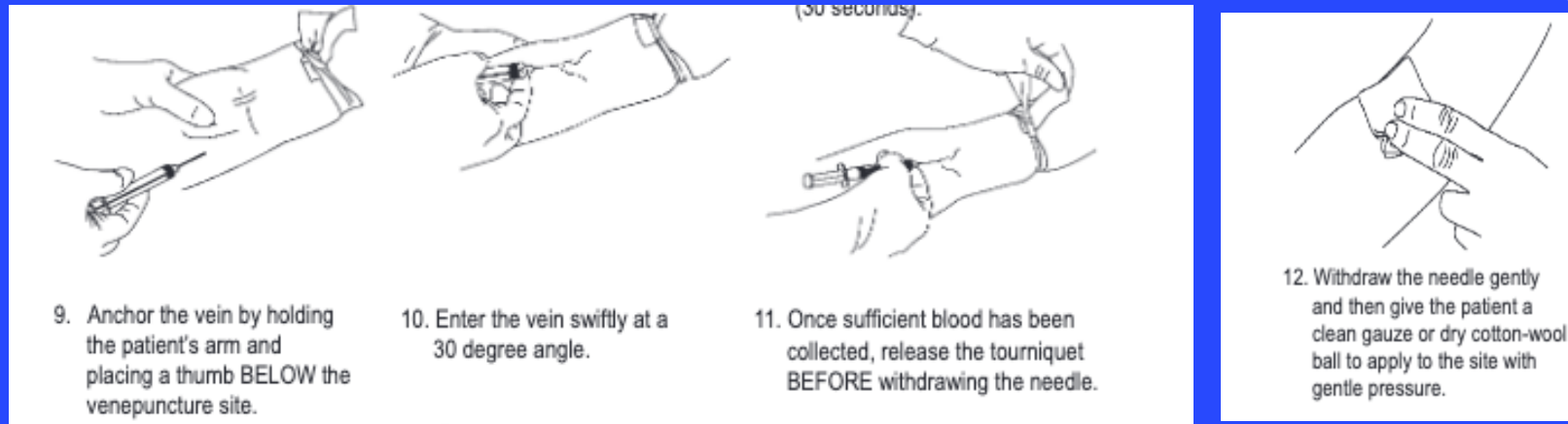


7. Put on well-fitting, non-sterile gloves.



8. Disinfect the site using 70% isopropyl alcohol for 30 seconds and allow to dry completely (30 seconds).

Venipuncture



Needle to SHARPS bin immediately.

Label specimen, confirm pt identifiers.

Package specimen.

Remove gloves, hand hygiene.

Pediatric Considerations



- Ask caregiver to provide patient identifiers.
- Gauge need for help holding child.
- Reassure child/parent during procedure.
- Upon completion praise child.

ALWAYS
CLEAN UP AFTER
YOURSELF

Possible Complications

Bruising

Vasovagal/syncope

Infection

Wrap up

Upper extremities are most common for Venipuncture.

Do feel for a pulse when shopping for a collection site---> avoid pulsating vessel when looking for a vein.

Use warmth and gravity to find hiding veins.

Transilluminators/flashlights can help.



Questions?

Capillary blood collection



Devices

Preparation

Selection

Possible Complications

Skin Puncture Devices



Heel stick lancet



Finger stick lancet

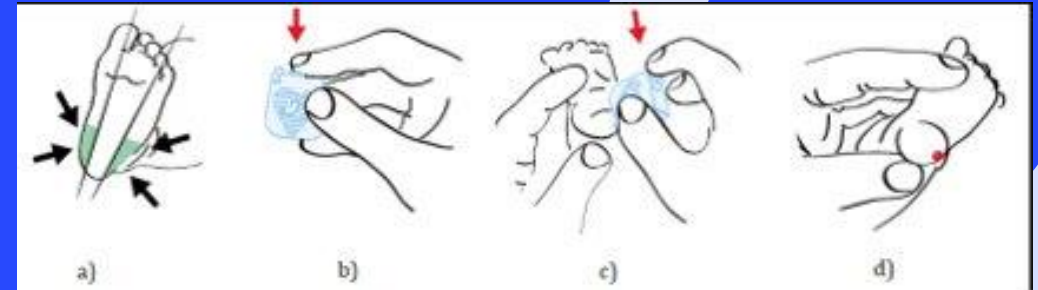


Skin Puncture (Capillary) blood collection



Fingers are preferred capillary testing site in adults and pediatrics >6 months.

American Journal of Biomedical Science and Research



Heel sticks for infants, typically <2 months, approved up to 6 months.



CLP MAG

Preparation

Gather Supplies:

Alcohol swabs

Lancet (appropriate to site and patient)

Collection tubes, strips, microcuvette.

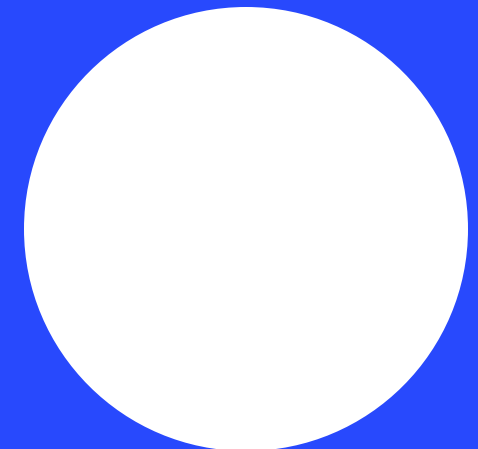
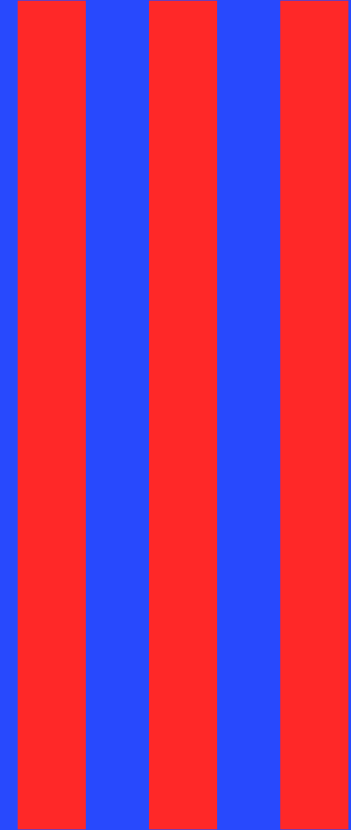
Device (i.e. glucometer, hemocue)

Gauze

Bandage

Patient labels, lab requisition

Biohazard bag (if collecting specimen for lab)



Identify and Prepare the Patient/Caregiver

- "One of the essential markers of quality of care in phlebotomy is the involvement and cooperation of the patient; this is mutually beneficial to both the health worker and the patient"

-WHO guidelines on drawing blood : best practices in phlebotomy



Ensure the patient is in a comfortable position.
Reassure patient as needed.
For pediatrics enlist caregiver support or additional staff.

Fingerstick

Follow Safety Measures including Universal Precautions



Hand hygiene.
Gloves.

Alcohol wipe puncture site.



Remove safety from lancet.
Puncture skin.
Wipe away first drop of blood.



Collect blood sample into strip,
cuvette or into microtainers for lab
analysis.



Apply firm pressure with gauze to
stop bleeding.
Apply bandage if needed.

Fingerstick

Pediatric Considerations



Assess cooperation.
Immobilize if needed

If needed ask parent to gently
squeeze and release wrist to
promote blood flow.



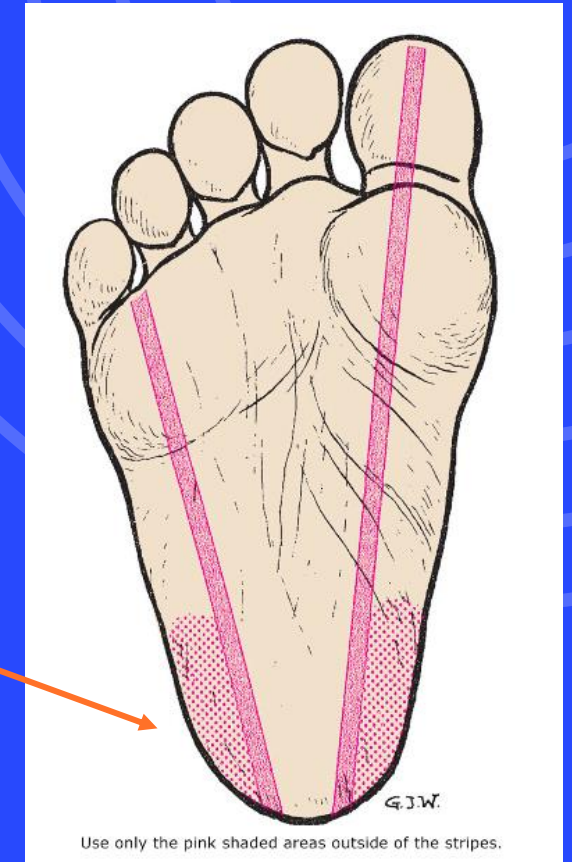
Provide Comfort and Reassurance
Leave the child on a positive note.
Praise for a job well done.
High five.

STICKERS



Heel stick

- Inform parents of order for blood collection.
- Assess heels for site with minimal previous punctures.
- Place infant heel warmer.
- Set a timer
- Gather supplies
 - Alcohol swab
 - Lancet
 - Gauze
 - Microtainer
 - Bandage
 - Biohazard bag (STAT)
 - Lab Requisition, Patient label

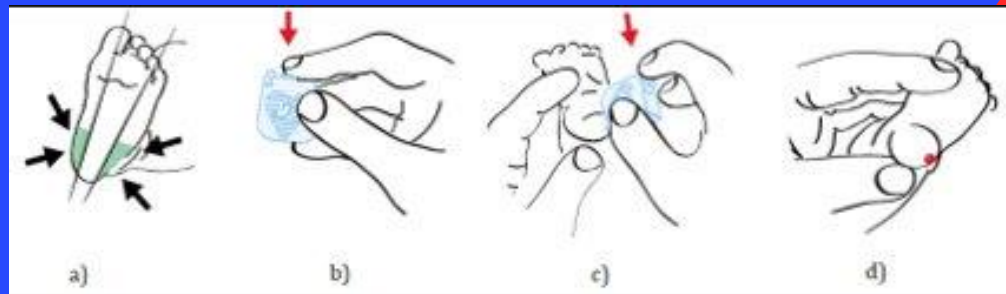
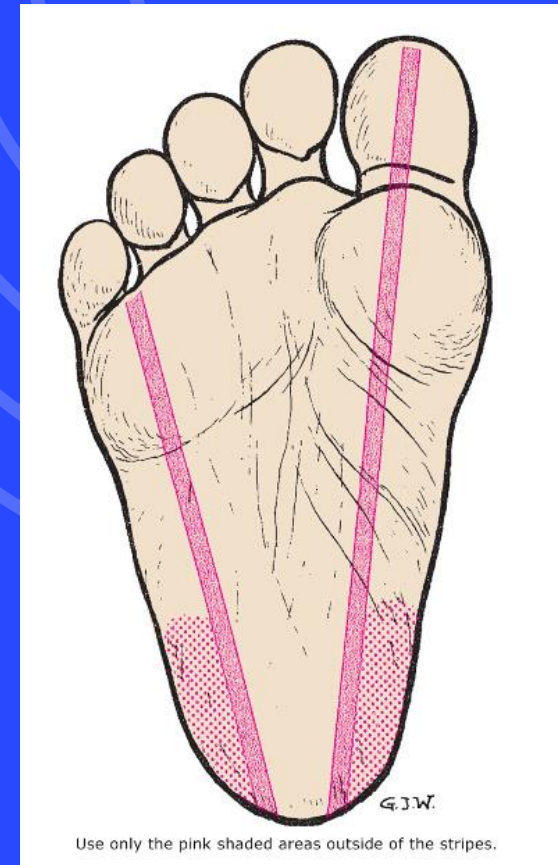


Skills: Specimen Collection: Capillary Blood (Pediatric) - CE/NCPD
(elsevierperformancemanager.com)

Heel stick

- Confirm Patient identifiers
- Review with parents order for blood collection
- Set up materials
- Position infant with foot in a dependent position
- Alcohol swab over area to be punctured
- Remove safety on lancet
- Puncture heel
- Wipe away first drop
- Collect specimen into microtainer
- Apply pressure with gauze
- Bandage over.
- LANCET TO SHARPS BIN

Label specimen in room.
Package in Biohazard bag.
Call for STAT pick up or deliver to lab.



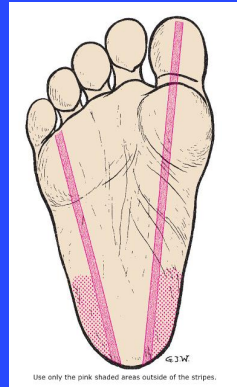
Heel sticks for infants, typically <2 months, literature (WHO) states up to 6 months.

ALWAYS
CLEAN UP AFTER
YOURSELF

Skin Puncture Summary



Fingers typical site for >6 month olds.



Heel sticks <6 months.

Use heel warmer and lancets designed for heel puncture.



Use gravity to your benefit.

Possible Complications Skin puncture

Bruising

Osteomyelitis of heel bone

Nerve damage if fingers of neonates punctured

Collapse of veins if tibial artery is lacerated from puncturing medial heel.

Summary of training



A+P.

Methods of blood collection.



Safety Measures



How to mentally prepare clients.



Devices

Preparation

Selection

ALWAYS
CLEAN UP AFTER
YOURSELF

References

Wilson, E. S., & Wilson, E. S. (2020, May 1). *Best practices for fingerstick capillary sampling*. Clinical Lab Products. <https://clpmag.com/lab-essentials/sample-storage-management/best-practices-fingerstick-capillary-sampling/>

California, S. O. (n.d.-b). *Post-Licensure certification and Post-Licensure course providers*. https://www.bvnpt.ca.gov/education/vn_postlicensure.shtml

Specimen collection: Capillary Blood Pediatric. (n.d.). Elsevier Clinical Skills.

Title : WHO guidelines on drawing blood : best practices in phlebotomy

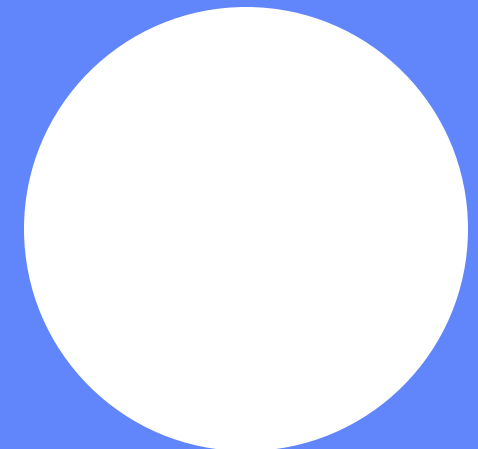
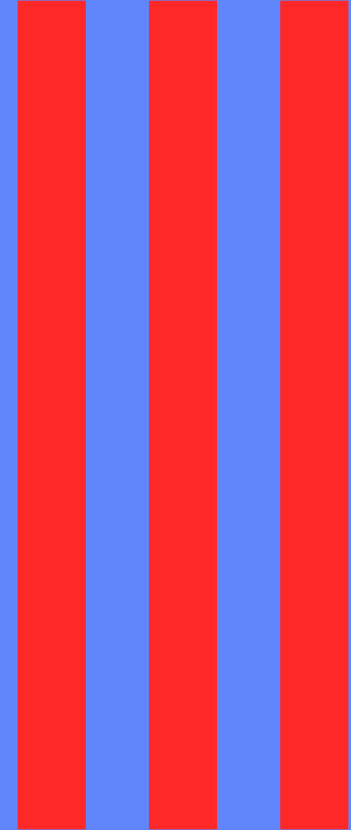
Corporate Authors(s) : Safe Injection Global Network. ;World Health Organization. ;National Center for HIV, Viral Hepatitis, STD, and TB Prevention (U.S.). Global AIDS Program. ;Published Date : 2010.
URL : <https://stacks.cdc.gov/view/cdc/41566>

FindLaw.com - California Code, Business and Professions Code - BPC § 2860.5 - last updated January 01, 2023 | <https://codes.findlaw.com/ca/business-and-professions-code/bpc-sect-2860-5/>

Law section. (n.d.).
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1242.6.&lawCode=BPC

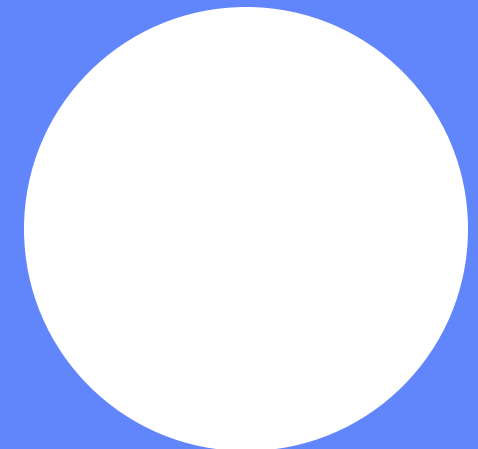
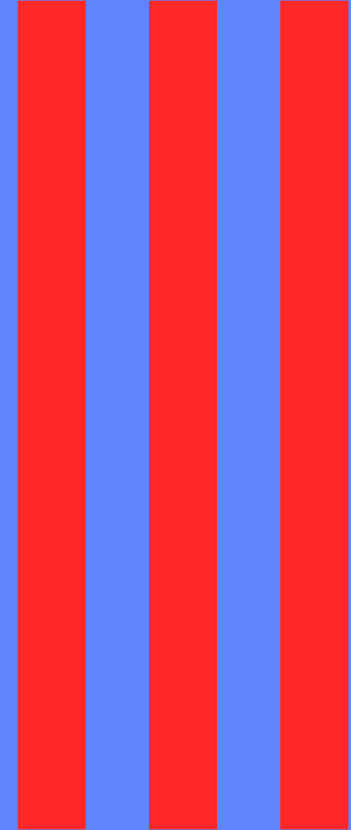
Venipuncture and Phlebotomy Learning Package. (2018, June). Retrieved January 24, 2024, from <https://www.ppno.ca/wp-content/uploads/2020/12/Venipuncture-and-Phlebotomy-Learning-Package.pdf>

View document - California Code of Regulations. (n.d.).
[https://govt.westlaw.com/calregs/Document/I0C362FE34C8211EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I0C362FE34C8211EC89E5000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)



References

Tucker WD, Arora Y, Mahajan K. Anatomy, Blood Vessels. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470401/>



Thank you

Elizabeth González, MS, RN, PHN
Elizabeth.gonzalez@sfdph.org



MEA Competency Checklist:

Blood withdrawal venipuncture

MEA (print name):	Signature:	Date:
Proctor MA/LVN/RN (print name):	Signature:	Date:

MEA must have completed MA certificate program¹.
 Requires **10** observed venipunctures, **10** hours of blood withdrawal training.
 If missed step: educate, and re proctor until **10** successful venipunctures achieved.

	Description of task
	Preparation
1	Identifies and gathers appropriate supplies for blood withdrawal, including patient labels.
	Patient Preparation
2	Cross references patient identity against EPIC/Lab order. Asks patient/caregiver for Name and DOB.
3	Explains order, need for blood draw. Throughout procedure maintains patient/family informed of what is occurring.
4	Identifies appropriate site for blood withdrawal.
5	Performs hand hygiene, dons gloves.
6	Places tourniquet 4-5 finger widths above planned venipuncture site. <i>In pediatrics tourniquet placement may vary depending on child's size.</i>
7	Ask the patient to form a fist, use gravity to promote blood flow. <i>In pediatrics, if needed, ask caregiver to gently squeeze and release wrist.</i> <i>In pediatrics, when needed, ask, and instruct parent on how to hold patient. Alternatively, ask staff member to help restrain child for safety.</i>
8	Disinfect site using alcohol swab(s), allow to air dry.
9	Anchor vein by holding patients arm and placing a thumb BELOW the venipuncture site.
10	Enter the vein swiftly at a 30-degree angle.
11	Once blood sample has been collected, REMOVE tourniquet prior to withdrawing needle.
12	Withdraw the needle and apply clean gauze with gentle pressure. Ask patient or caregiver to apply gentle pressure.
13	Activate Safety measure for needle.
13	Dispose of needle into SHARPS bin.
17	Apply adhesive bandage.
18	Label specimens collected. Another opportunity for patient identifiers. Package in biohazard bag.
19	<i>In pediatrics praise child, high five, stickers if available.</i>

¹If MEA applicant substitutes the MA certificate education requirement with any of the three alternatives below, they may not collect blood in clinic w/out CPT1.

Completion of an EMT-P (Emergency Medical Technician/Paramedic) Training Program

Completion of an EMT Training Program AND two (2) years (equivalent to 4,000 hours) of verifiable medical assisting work experience

Completion of a U.S. Military Corpsman Training Program

Attachment G

	Proctor initials	MA Initials	Date	Hour(s), or fraction of, spent on blood withdrawal. ²
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Initial/signature of staff observing MA.

MA/LVN/RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

References:

WHO guidelines on drawing blood: best practices in phlebotomy Published Date: 2010. URL:

<https://stacks.cdc.gov/view/cdc/41566>

Cal. Code Regs. Tit. 16, § 1366.1 - Training to Perform Venipuncture, Injections and Inhalation of Medication. (n.d.). LII / Legal Information Institute. <https://www.law.cornell.edu/regulations/california/16-CCR-1366.1>

² Venipuncture training must total a minimum of 10 hours.

MEA Competency Checklist: capillary blood withdrawal

Fingerstick

MEA (print name):	Signature:	Date:
Proctor: MEA/LV/RN (print name):	Signature:	Date:

Requires 10 observed successful (follows items on checklist) capillary blood withdrawal.

If missed step: educate, and re proctor until 10 successful skin punctures.

	Description of task
	Preparation
1	Identifies and gathers appropriate supplies for capillary blood withdrawal/sampling, including patient labels if specimen leaving bedside.
	Patient Preparation
	Cross references patient identity against EPIC/Lab order.
2	Asks patient/caregiver for Name and DOB.
3	Sets expectation with patient/caregiver.
4	Identifies site for capillary blood withdrawal. (skin puncture site: finger or infant heel <6months)
5	Performs hand hygiene, dons gloves.
6	Pediatrics: When restraint needed, instructs parent on holding.
6	Disinfects site using alcohol swab(s), allow to air dry.
	Follows POCT policy for related testing (I.e. capillary blood glucose, hemocue)
7	Removes safety from lancet.
8	Uses gravity to promote circulation. Punctures skin with one quick stroke to achieve good blood flow.
9	Wipes away first drop of blood.
	Collects blood into microtainer, testing related strip, microcuvette etc.
10	Apply clean gauze with gentle pressure.
11	Dispose of lancet into SHARPS bin.
12	Apply adhesive bandage if needed or requested by patient/caregiver.
13	Label specimens if collected into microtainer.
14	Clean spills.

References

WHO guidelines on drawing blood : best practices in phlebotomy Published Date : 2010.

URL : <https://stacks.cdc.gov/view/cdc/41566>

Complete signatures/initials/dates on back of this form --->

Attachment G

	MA/LVN/RN observed Initials	MA Initials	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Initial/signature of staff observing MA

MA/LVN/RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

MA/LVN RN Initial/Signature _____

MA/LVN RN Initial/Signature _____