

L. 144, SEIU v. DC 37,60 OCB 1 (BOC 1997) [1-97 (Cert)]

OFFICE OF COLLECTIVE BARGAINING
BOARD OF CERTIFICATION

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In the Matter of

HOTEL, HOSPITAL, NURSING HOME and
ALLIED HEALTH SERVICES UNION,
SERVICE EMPLOYEES INTERNATIONAL
UNION, LOCAL 144,

Petitioner,

-and-

DISTRICT COUNCIL 37, AFSCME,
AFL-CIO,

Respondent.

DECISION NO. 1-97

DOCKET NO. RU-1186-95

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DECISION and ORDER

On September 21, 1995, the Service Employees International Union, Local 144, ("L. 144"), filed a petition seeking to add employees in the civil service title of Patient Care Associate ("PCA")¹ by accretion to Certification No. 62D-75, as amended.² L. 144 maintains that employees serving in the PCA title share a greater community of interest with employees serving in the titles of Phlebotomist, Laboratory Assistant, and Laboratory Associate, over which it asserts internal jurisdiction in the Unit. Pursuant to Decision No. 62-75, this Certification is held jointly by L. 144 and District council 37, AFSCME, AFL-CIO,

¹ See Appendix A.

² Certification No. 62D-75, as amended, is a collective bargaining unit ("Hospital Technicians Unit" or "Unit") consisting of employees serving in various medical, hospital and laboratory technician titles. They are employed, inter alia, by the New York City Health and Hospitals Corporation ("HHC") .

("D.C. 37"), as well as by City Employees Union, Local 237, International Brotherhood of Teamsters, ("L. 237").

On February 26, 1996, D.C. 37 filed a motion to intervene. D.C. 37 maintains that employees serving in the PCA title share a greater community of interest with employees serving in the titles of IV Technician and Med-Surg Technician over which it asserts internal jurisdiction in the Unit. On March 28, 1996, L. 237, IBT, informed the Office of Collective Bargaining ("OCB") that it would not object to the accretion of the PCA title, as it had received assurances that the Health and Hospitals Corporation does not intend to replace titles over which it has internal jurisdiction with the PCA title.

Following a conference of the parties on August 8, 1996, L. 144 informed the OCB that it wished to amend its petition to reflect (1) an agreement by all three joint certificate holders that, in their view, the Hospital Technicians Unit created under Certificate No. 62D-75, is the appropriate unit and (2) an agreement to submit to the Board of Certification ("Board") the controversy as to which union, L. 144 or D.C. 37, should have internal jurisdiction over employees in the PCA title.³

³ The stipulation, filed on September 19, 1996, stated, in its entirety, as follows:

Local 144, SEIU, the petitioner in the above-captioned case, District 37, AFSCME, the Intervenor, and Local 237 of the International Brotherhood of Teamsters hereby submit the following Stipulation of Agreement
(continued...)

A hearing was held on October 23, 29 and 30, 1996, to receive evidence and to hear testimony with respect to the sole question of whether L. 144 or D.C. 37 shall have internal jurisdiction over the employees at issue.⁴ The parties agreed

3(...continued)

concerning the above-captioned representation proceeding in which Local 144 and District Council 37 seek to accrete the newly established and now unrepresented Patient care Associate title to the Hospital Technician bargaining unit.

Local 144, SEIU, District Council 37, AFSCME, and Local 237, IBT, the jointly certified bargaining representatives of the titles included within the Hospital Technicians Bargaining Unit, Board Certification 62D-75, hereby agree and consent to submit to the Board of Collective Bargaining [sic] for resolution the representation dispute between Local 144 and District Council 37 over the appropriate placement and representation of the Patient Care Associate title within the Hospital Technicians Unit. The parties further agree that the Board of Collective Bargaining [sic] shall make its determination after a hearing at which both unions shall appear, be represented and present their proofs as to the appropriate bargaining unit for the Patient Care Associate title.

⁴ At the hearing, D.C. 37 presented testimony by two individuals who previously were employed in the title of Nurse's Aide and Nurse's Aide (Transport Escort). We note that those titles are in a different bargaining unit, viz., the unit denominated under Certification No. 46B-75. Inasmuch as there is no dispute as to unit placement of the PCA title, the testimony of these witnesses is considered solely for purposes of establishing the duties of employees in the PCA title and not with respect to any comparison to the duties of Nurse's Aides who are in a different unit.

that post-hearing briefs would be due to be filed in the Office of Collective Bargaining on December 20, 1996. The brief of L.

144 was received on December 19, 1996; the brief of D.C. 37 was received on December 23, 1996. Upon receipt of post-hearing briefs, the record was closed.

BACKGROUND

By Personnel Order HHC 095/37, effective August 25, 1995, the Health and Hospitals Corporation created the newly established title of Patient Care Associate.⁵ By memorandum of the same date to various HHC officers and managers, Raquel Ayala, HHC vice president for corporate affairs, directed that the Order and an appendix concerning implementation procedures, pay rates and Benefit Fund coverage be posted "at locations readily accessible to employees by September 1, 1995...." As of October 24, 1996, sixty-nine (69) persons were employed in the title.

The implementation procedures state that the new title is not reclassified from any existing title. It also states that the title is covered by the Management Benefits Fund, pending final determination by this Board. Compensation is predicated upon a 37.5-hour work-week. Effective December 1, 1994, the minimum salary is \$24,052; the maximum, \$28,097.

The position description states the purpose of the position as follows:

Under direct supervision of a licensed nurse or other professional medical staff in a health care setting,

⁵ Title Code No. 988010.

performs a variety of clerical and health-related duties associated with patient care; performs related work.⁶

The parties herein are subject to a collective bargaining agreement, dated February 24, 1995, covering "hospital technicians" for the period from October 1, 1991, through March 31, 1995, and to a collective bargaining agreement, dated February 23, 1995, covering "institutional services" for the period from January 1, 1992, through March 31, 1995.

THE EVIDENCE

Local 144

Eric Maldonado was the first witness to testify for L. 144. A Phlebotomist for seventeen years, he has been employed by HHC at the Elmhurst Hospital Center ("Elmhurst Hospital" or "Elmhurst") for eight years. His annual salary is \$24,000. He is certified by the American society of Clinical Pathologists.

Mr. Maldonado testified that virtually his entire work day is devoted to drawing and labeling blood specimens. Currently assigned to the accessioning room, a 24-hour operation, where he enters data concerning the testing of specimens conducted in all hospital laboratories, he testified that he may be assigned also to work in clinics throughout the hospital. He said that no Phlebotomists work in the emergency room ("ER") at Elmhurst. The

⁶ See Appendix A.

witness described his training for drawing blood, and emphasized that not following the procedures stressed in training carried potentially harmful clinical implications. Mr. Maldonado testified that his duties include selecting the appropriate laboratories for processing the specimens for the hospital categorizing and labeling specimen containers for shipment to those laboratories. He is also called upon, he said, to detect and correct errors made by medical personnel who may incorrectly draw blood and prepare specimen containers.

Of the twenty tasks which the PCA position description identifies as typical assignments, Mr. Maldonado said that, as a Phlebotomist, he performs several.

He instructs patients in person and by phone with regard to procedures required of the patients before giving a specimen. He draws blood from patients for testing purposes and records information in the data collection system. He is sometimes required to summon a nurse to take a patient's vital signs.

Because the accessioning room is located adjacent to the hospital entrance, he and his Phlebotomist colleagues "quite often" are called upon to answer requests from patients for directions to the hospital's various clinics.

Although supervisors are responsible for keeping the supply closet stocked with inventory, the witness testified that they may authorize Phlebotomists to retrieve supplies.

Of the functions which he does not perform, Mr. Maldonado included the following. He does not take readings of vital signs or patient histories other than ascertaining whether or not a patient has fasted before blood is drawn. He said his duties do not include intravenous injections, "med locs" (tubal connections inserted intravenously for the infusion of medication) or the duties of an IV technician, or nurse or nurse's aide; nor does he have contact with or sterilize instruments, other than what he uses to draw blood, which he said is already sterilized, or assist physicians in performing any surgical procedures or administer any medical tests.

Mr. Maldonado testified that when openings for the PCA position were posted, he and his colleagues in phlebotomy at Elmhurst declined to apply, because the posting listed the position as "temporary" rather than permanent. Also, he said, "I read the job description and I saw what it entailed and the salary, and I was making the same salary, and they wanted us to do three times the work for the same salary. It didn't make any sense to me."

Ola Trotman testified next for L. 144. Employed by HHC as a Laboratory Associate, Level II, at an annual salary of \$28,000, Ms. Trotman is assigned to the Waltham Child Health Center in Jamaica, Queens. Licensed in clinical laboratory by the City of New York to perform hematology and lead screening testing, she

works alone in a laboratory Monday through Wednesday and Friday, and on Thursday, in another laboratory at the Child Health Center in Woodside, Queens. She also substitutes occasionally at the Pediatric Treatment Clinic on Junction Boulevard, regularly staffed by two Laboratory Associates.

Ms. Trotman testified that she spends her entire work day drawing blood and performing laboratory tests. She said she performs all duties specified in the position description for the Laboratory Associate title.⁷ Of the twenty typical tasks specified in the PCA position description, Ms. Trotman said that, as a Laboratory Associate, Level II, she performs several in whole or in part.

Although Ms. Trotman does not take vital signs, weigh patients, or perform vision or hearing tests, she prepares patients for lab tests by telling them whether or not they are permitted to eat before blood is drawn or samples are taken, but, as to other medical testing, she said, "[I]f it doesn't pertain to the lab, no."

The witness said that she receives phone calls from reference laboratories reporting test results which she, in turn, records on patient charts and in the lab book and reports to physicians. She said that she also receives phone calls from patients with questions about medical tests, such as callers to a

⁷ See Appendix B.

citywide "hotline" for lead screening who are referred to her for appointments to obtain testing for blood levels of lead.

In the course of taking blood, urine, and sputum samples, preparing specimens for testing, and performing much of the testing herself, Ms. Trotman testified that she sees between 18 to 20 patients a day when she is in the Waltham Clinic and the Woodside Clinic. At the clinic on Junction Boulevard, the number of patients often is higher. The patients are not accompanied to the lab by any other hospital personnel.

Asked about maintaining inventory and stocking laboratory supplies, Ms. Trotman testified that she is responsible for ordering lab supplies and maintaining lab equipment. In addition, she said, "They do ask us, [for] any new employee that comes in, would we . . . make them welcome by . . . telling them . . . to work as a team. We would . . . be familiar with each and everyone's job."

Testifying next for L. 144 was Patrick Murphy, a Laboratory Associate, Level II, employed in the phlebotomy room at Jacobi Medical Center in the Bronx, at an annual salary of approximately \$29,000. There, he works directly with as many as eight Laboratory Associates and Phlebotomists.

Mr. Murphy testified that his duties include drawing blood and training new staff members how to draw blood. In addition, the witness testified that he and his colleagues are "trained and

expected" to perform finger-stick blood glucose testing, as well. To that end, he stated that he operates "chemistry glucose machines and glucometers" and maintains quality control and performs maintenance on both types of machines.

He said, also, that his duties include ordering departmental supplies and serving as a liaison for problem-solving between physicians and "management," "general trouble-shooting, taking care of patients with problems and questions and making sure my staff doesn't mess up, and sending out Phlebotomists on their rounds for the floors. . . ."

In addition, Mr. Murphy stated that he trains his staff in the use of the computer for recording test results. His supervisor is the Coordinating manager for Laboratory Medicine.

Of the tasks specified in the PCA position description, Mr. Murphy testified that, as a Laboratory Associate, Level II, he performs several in whole or in part.

Although he does not weigh or measure patients, he testified that he obtains blood specimens and records the findings, not on patient charts, but in the computerized system of records. Asked if he processes forms, documents and charts, Mr. Murphy stated, "I do input some information into computers, but technically not like a patient's chart. . . ."

He labels and prepares specimens for pick-up by laboratories and picks up lab results, adding that, aside from blood glucose

tests which are analyzed in the blood-drawing room where he works, all other blood samples are referred to a laboratory for analysis.

Mr. Murphy said, "[W]e answer a lot of blood-drawing questions for patients." In addition, Mr. Murphy explained that many patients faint or vomit when blood is drawn, requiring him to call on a physician or nurse who, in turn, would assess such patient.

The witness said he maintains inventory of the unit's equipment stock and supplies and works as a team member in the delivery of care and assisting in the orientation of new employees. He further explained, "We call ourselves the blood team, so from that sense, we kind of work together," adding "[M]ost of the Phlebotomists that are currently working with us were trained by me, and I've trained nurses over the years and paramedics and medical students, and in that sense, new employees. They're usually sent to us to learn how to draw blood."

Mr. Murphy stated that he and his colleagues occasionally escort patients to other hospital departments and/or facilities. Mr. Murphy said, "[W]e're a big complex and people will get lost or misplaced just about every day; so we try to help them out as much as we can."

Asked if he coordinates efforts of hospital clinics and departments in scheduling and booking appointments, Mr. Murphy testified that patients are served in his blood drawing room generally on a first-come, first-served, basis.

The next witness to testify for L. 144 was Desiree Smith. She was employed as a Phlebotomist at Metropolitan Hospital, from August, 1984, through June, 1996. Before her employment was terminated recently, Ms. Smith was assigned to draw blood for three hours a day. In addition to performing her daily functions as a Phlebotomist,⁸ Ms. Smith said that she was also assigned to work in the accession room for five hours a day, entering data into the computerized records. Ms. Smith testified that, before she was laid off June 28, 1996, she and two other Phlebotomists maintained the same schedule, drawing blood and entering data.

Ms. Smith said that when the position description was posted for the PCA title, she and her Phlebotomist colleagues did not file applications for the position because they were told not to file by Emil Nylander, "the person in charge of the blood bank." She testified:

Because of the job description that they posted, it was a lot of things that the Phlebotomists were, speaking in general, it was a lot of things in the phlebotomy department that wasn't -- let me say this, the job description, according to what we were doing in phlebotomy, wasn't what the job description was asked for. They wanted a little bit more, O.K., than what we were doing in phlebotomy.

⁸ See Appendix C.

Glenis Bailey was the final witness to testify for L. 144. She is a Laboratory Assistant⁹ employed at Elmhurst Hospital Center for 13 years. Including night differential, her annual salary is approximately \$25,000. At Elmhurst, she works with two Laboratory Assistants and a supervisor.

Ms. Bailey testified that her duties on the midnight-to-8 a.m. shift include retrieving specimens and labeling and preparing the specimens for transmittal to the appropriate laboratories. It also includes recording requisition information and patient charts and distributing computer print-outs of requests for blood samples from more than two dozen clinics. This is information, the witness testified, which the Phlebotomists require to perform their assignments. For at least part of her work day, Ms. Bailey works with eleven Phlebotomists. She was unable to identify the title of her supervisor, but she said that the lab director ranks above the supervisor.

Ms. Bailey said that she is also familiar with the shifts other than her current one "because I have worked those shifts on overtime. I work in each and every clinic that is available," she added. In the clinics, Ms. Bailey testified that she deals with patients who are there to provide specimens as ordered by medical personnel.

⁹ See Appendix D.

Although Ms. Bailey said that she prepares blood specimens throughout her shift, she also testified that there are times when she performs other duties while the blood processing is taking place.

Reviewing the position description for the PCA title, Ms. Bailey testified that, as a Laboratory Assistant, she performs several of the enumerated, typical tasks. Ms. Bailey indicated that she collects data concerning individual patients, but she does not record that information on the charts directly. For patients seeking specimen containers, Ms. Bailey said that she explains the use of that equipment to them. She said that she labels specimens for transmittal to labs and picks up lab results, but her contact with patients results from their being assigned to her facility to have specimens taken; it does not result from her initiating patient contact.

With respect to patient charts, forms and documents, Ms. Bailey testified, "[W]e deal with the paperwork that has to go in the patient's file . . . All areas bring their results to us and we then take it [to the wards and clinics]."

Ms. Bailey stated that she also maintains inventory of lab equipment and stock as it relates to the accession room. She elaborated that "everybody's responsible for" maintaining an inventory of supplies there. She added that she does not escort

patients to other areas of the hospital but directs them as needed.

D.C. 37

Yvonne Thomas was the first witness for D.C. 37. Hired by HHC fifteen years ago as a Nurse's Aide (Transport Escort), she has been assigned to the Segundo Ruiz Belvis Diagnostic and Treatment Center in the Bronx. She became a Patient Care Associate on September 23, 1996, and is currently in training.

As a Nurse's Aide, Ms. Thomas said her average work day consisted of direct patient care. She testified:

I am the first person to see the patient; so I am actually visualizing what is going on with this patient when they come in. If there is something wrong, I am reporting this to the Registered Nurse or doctor . . . I remove the chart, take it in the office, do vital signs on the patient, read temperature, pulse, respiration, blood pressure, height, weight, sometimes we do a vision test.

Ms. Thomas testified that she also obtained testing specimens from patients, as a Nurse's Aide, and recorded test results on the patient charts. Ms. Thomas testified that, as a Nurse's Aide, she also regularly took blood pressure readings.

Ms. Thomas said that, as Nurse's Aides, she received training to perform finger-stick tests, EKG's, audiology tests, and to recognize the signs of a seizure. She said that she also received training to recognize signs of child abuse and domestic abuse, disease conditions, and high blood pressure. She said

that she also learned techniques of infection control, stress management, and patient relations.

Ms. Thomas testified that she has not had occasion to draw blood nor was she trained to do that as a Nurse's Aide. Although she was trained to perform audiology tests, she did not perform such tests herself, although she testified that two Nurse's Aides did perform audiology tests.

Ms. Thomas explained that she used a computer every day in her job as a Nurse's Aide "to draw up the results of the blood tests that the patient was sent down for." In that regard, she said, "You get the chart. You read the chart to see from the previous visit if the provider sent the patient down for any blood tests . . . [W]e get the results out of the computer and give it to the doctor."

The witness testified that, as a PCA, she currently works in the Department of Nursing along with one Nurse's Aide, one Licensed Practical Nurse ("LPN") , one Registered Nurse ("RN"), and two PCA's. She said that, of eleven PCA's or trainees for the position, at least ten previously were Nurse's Aides.

Her training for the PCA title included a phlebotomy course and an EKG course for a total of eleven hours a week. The training, she said, is of two months' duration and will enable her to draw blood as well as to perform EKG's. She said that 31 people are taking the training but "[t]here are two that do not

need to take the training . . . [b]ecause they already have the phlebotomist certificate as well as the EKG certificate." She said these two individuals serve in the PCA title and previously were Nurse's Aides. Ms. Thomas testified that, once her training is completed, she also will be certified in phlebotomy and in EKG.

Asked how her job as a PCA differs from her job as a Nurse's Aide, Ms. Thomas testified, "it is exactly the same. Nothing has changed." Asked if she knew how her PCA training will affect her future employment, she stated:

The statement was made to me . . . you may be working in the 2C area . . . where you would be normally working but in case somebody does not come in to do EKG, we can put you in the EKG area to, say, one o'clock. After you come back from lunch, you basically go back to the laboratory. This is basically how my duties were described as a PCA.

Francine Hughes was next to testify for D.C. 37. Previously employed by Harlem Hospital for ten years as a dental assistant, Ms. Hughes has worked at Metropolitan Hospital for nine years, part of that time as a dental assistant and approximately three years as a Nurse's Aide. She earned a certificate in diagnostic ultrasound technology while at Metropolitan, where she has worked in the operating room ("OR") as an "OR Tech," emergency room, and pediatric outpatient clinic.

As a Nurse's Aide in the pediatric outpatient clinic, Ms. Hughes testified that her duties consisted of changing wound dressings, giving patients instructions, and taking vital signs.

Her duties as a Nurse's Aide in the ER consisted of taking vital signs, performing EKG's, collecting specimens, monitoring patients, occasionally transporting patients from the ER to another unit, making beds, distributing food trays, handling bedpans, bathing and clothing patients.

On September 1, 1996, Ms. Hughes became a PCA. Asked to compare the duties she performed as a Nurse's Aide with the duties she was told she would perform as a PCA, Ms. Hughes stated:

I was told that I would be doing Nurse's Aide duties plus the other duties that we were trained to do . . . [I]t's not like they separated us . . . [Y]ou still do all patient care, but then you would still draw bloods and do all kinds of urinalysis. It's, like, lumped together. It's not like we left Nurse's Aide and we're just going to do this and leave this. It's like all together . . . [W]e can do a lot more tests that we couldn't do before. . . .

Ms. Hughes testified that the PCA training consisted of learning to draw blood and conduct urine tests, guaiac stools tests, vision and hearing tests, "plus all the other Nurse's Aide [duties]." Ms. Hughes also testified that it included training in phlebotomy.

As for training in the ER, Ms. Hughes testified that she learned to perform pregnancy tests, urine dipstick tests, and finger-stick tests for blood sugar levels in diabetic patients. Moreover, she said, "We do EKG's in the ER and all your Nurse's Aide duties." In addition, Ms. Hughes testified that the PCA training included computer skills (except for how to enter

laboratory data), office skills such as learning how to set up an appointment, and patient relations.

Ms. Hughes is currently assigned to work in the ER, Monday through Friday. Her immediate supervisor is the head nurse, who in turn reports to the Director of Nursing. She explained that in the ER she daily comes in contact "[a]ll day" with Head Nurses, Staff Nurses, Nurse's Aides, Med-Surg Techs, Residents, Attending Physicians, Radiology Clerks, and Respiratory Therapists. Ms. Hughes said that sixteen people are employed at Metropolitan Hospital As PCA's.

Ms. Hughes also explained that she is involved in a one-month, pilot program "to see how fast we can get patients in and out" of the ER:

So My job right now is strictly the triage area, and the triage area is where you greet the patient, you sit the patient down, you collect data (patient history], you take vital signs and then I get an RN to write up what I said. Then a patient goes to registration . . . [I]f you come in with a sore throat or a stubbed toe, you don't have to be put in a room, undressed and tie up a room when we can send you to an area where there's a doctor that takes care of little problems like that, get you in and get you out of there. So when we triage them, it's like, determine right there what area you're going to go to.

Zeda Prioleau testified next for D.C. 37. She has worked at Queens Medical Center for more than nine years. First employed as a Laboratory Assistant, she next was assigned to the pediatric laboratory where she then became a Medicine-surgery ("Med-Surg")

Technician,¹⁰ obtaining blood specimens from children. She was employed in that title for nine months and later became an IV Technician ("IV Tech").¹¹

Although Ms. Prioleau completed training in phlebotomy and was certified as a hematology technician before she came to HHC, she was required to take part in the training which HHC provided for IV Techs. That training consisted of three weeks in the outpatient lab "where phlebotomies take place" and another six weeks working in various hospital units, where "they have you drawing blood and [] start(ing) IV's," she said. She was required to pass a written examination.

As an IV Tech, she started intravenous infusions and checked for complications of the IV site. For approximately seven years, she also performed finger-stick tests, blood cultures, and drew blood to test arterial blood gases. Ms. Prioleau testified that, in a given shift, she drew blood -- without starting an IV -- "maybe, three, four" times.

Within the last year, she said, some of the testing procedures were eliminated from her regularly assigned duties and were performed by LPN's, Phlebotomists, Respiratory Technicians, or Respiratory Therapists. She worked a rotating schedule. Her duties took her to units throughout the hospital complex. Ms.

¹⁰ See Appendix E.

¹¹ See Appendix F.

Prioleau said that she and approximately 18 other IV Techs worked under the direction of the Department of Nursing.

Ms. Prioleau testified that she became a PCA on September 21, 1996. Although she is licensed in phlebotomy, she said that she was required to take the phlebotomy component of the PCA training. contrasting her duties as an IV Tech with her training as a PCA, Ms. Prioleau stated, "Drawing a blood is very easy, [requiring] anywhere from five to 10 minutes. Starting an IV . . . it can start five, 10, 15, up to 30, maybe 40, minutes." Once her training is complete, Ms. Prioleau said that she expects to be assigned to an outpatient clinic where she expects to be working as a PCA with RN's, LPN's, Nursing Assistants, Phlebotomists, EKG technicians, and respiratory care workers.

Of the typical tasks which the position description for the PCA title lists, Ms. Prioleau said that she has received training in all of them. Ms. Prioleau answered, "Yes," when she was asked if she received instruction on the disposal of blood samples, on quality control, on preventive maintenance procedures, and on entering test results into the computerized records system. She also stated that she was given instruction in recording test results on request forms and on patients' charts.

Ms. Prioleau also testified that, in training for the PCA position, she has been taught to handle most of the typical tasks listed in position descriptions for the titles of Laboratory

Associate, Laboratory Associate in family care for the Child Health Clinics, Laboratory Assistant, and Phlebotomist. However, there were exceptions.

The exceptions which Ms. Prioleau identified were, in the Lab Associate position description, storing and preserving specimens and disposing of completed specimens. She explained, "[O]nce it's gone to the lab, it's out of our hands . . . We wouldn't dispose of it."

Other exceptions which Ms. Prioleau said the Patient Care Associate training did not address include centrifuging and decanting specimens, a task found in the Lab Assistant position description, and although Ms. Prioleau testified that she was taught to "provide laboratory results in accordance with established procedures and protocols," she said that she did not know to which established procedures and protocols the Lab Assistant position description was referring.

Another exception which she identified was "blood drawing procedures to support a blood donor program" listed in the Phlebotomist position description.

As to tasks which she was told she would be performing as a PCA, Ms. Prioleau was asked if she was told that she would be working in a laboratory. She replied, "No." When asked if she was given training in connection with the PCA title about operating laboratory equipment, employing standard laboratory

controls, "preparing reagents or media in accordance with prescribed laboratory formulas," Ms. Prioleau responded, "No, none of that," adding, however, "[W]e will be making the slides, blood slides for the lab . . . in the clinic." In addition, when asked if her training for the PCA title included performing tests in a laboratory, recording the results in the lab, utilizing particular safeguards in a laboratory setting, training other personnel in laboratory procedures, establishing standard controls or calibrations of laboratory equipment, supervising the maintenance of laboratory equipment, Ms. Prioleau answered, "No."

Testifying next for D.C. 37 was Felicia Wardlaw. She has been employed by HHC for ten years. For the first seven years, she was an office Aide in the radiology department at Queens Hospital Center.

She attended phlebotomy courses, earning a certificate as a phlebotomy technician. In January, 1993, she became an IV Technician in the Department of Nursing. Ms. Wardlaw testified that her duties as an IV Tech included starting med locs and drawing blood. Ms. Wardlaw stated that as an IV Tech, she used a glucometer, and until two years ago, she performed finger-stick and arterial blood gas testing. She said that, on patient charts and on quality assurance sheets, she also documented types of solution which patients received intravenously, and she kept records concerning IV request forms and recorded those requests.

As for the training which Ms. Wardlaw said she had for the position of PCA, she testified that she has been trained in taking vital signs, and in performing EKG, phlebotomy, cardiopulmonary resuscitation, vision and hearing tests, and in collecting specimens, performing first aid, and "light training" in the use of a computer. She also testified that two days of training were devoted to performing basic specimen screening tests, which she said she was told she would be performing "[p]robably every day" as a PCA. She said that she was told that she would be preparing collected specimens for pick-up and picking up lab results with the same frequency.

Ms. Wardlaw testified that she was not trained to prepare lab specimens or to work in a laboratory, nor did the PCA training refer to laboratory duties. She also testified that her training as a PCA had not yet included instruction in how to perform urine dipstick testing, although she testified that she personally had been trained earlier to conduct such a test. Also, when asked if, "as a PCA," she was taught how to use a glucometer, she responded, "As a PCA, no"; however, she testified that she personally had learned earlier to use the instrument. Ms. Wardlaw testified she was not taught the significance of the different colors of test tube tops, but she testified that she knew that the difference in color determines the laboratory to which the tube is sent. Asked to describe the

details of her training as a PCA for obtaining blood specimens for laboratory testing by means of venipuncture and/or finger-stick testing, she specified, "Drawing the blood, putting it into a tube, labeling, put it into a bag, placed on a messenger box, messenger picks it up, take it to the lab . . . That's all." Ms. Wardlaw testified that she was taught, as an IV Tech, about the condition of veins. She also testified that, when she applied for the PCA position, her interviewers were aware of her previous training as an IV Tech.

Comparing her salary as an IV Tech with her expected salary as a PCA, Ms. Wardlaw testified that her annual salary as an IV Tech was "[b]etween \$27,000 and \$28,000¹¹ including a night differential, whereas her salary as a PCA is a minimum of \$24,000.

Ms. Wardlaw also said that, of the seven individuals in the first PCA class at Queens Hospital Center, four previously held the title of Nurse's Aide; three held the title of IV Tech.

Next to testify for D.C. 37 was Tabitha Utsey. She has worked for HHC for 16 years. She started at Goldwater Memorial Hospital as a Dietary Aide, then worked as a Nurse's Aide, and later as a Med-Surg Technician. She transferred, as a Med-Surg Technician, to Med Plan, located adjacent to Bellevue Hospital in Manhattan, where she worked for ten years. She described Med Plan as offering services in a range of medical disciplines.

As a Med-Surg Technician, Ms. Utsey testified that her duties included "patient care . . . bed baths', dressings . . . checking . . . IV sites, cleaning decubitus, suctioning the patients, tube feeding, and everything else that was asked of me to do." She also testified that her duties included taking vital signs of patients, preparing for surgical procedures, preparing the patients, and sterilizing the equipment. She also said that she performed EKG's as a Med-Surg Technician. At Med Plan, she testified, she worked directly with the physician, assisting in procedures. "We would get the specimen bottles and she'd draw the specimens or biopsy . . . (W)e'd put them in a bottle, we'd label it, do the lab requisitions, and carry it to the lab," she said. In her duties as a Med-Surg Technician, Ms. Utsey also testified that she was required to work the computer system in order to retrieve medical data on patients, particularly "lab slips," which the physicians might require.

In the walk-in clinic, Ms. Utsey said that she worked directly with RN's. Her job was to record the patients' vital signs, record patient histories, "find out what's wrong with them, then decide if it's a priority to go first, second or third, and that's the order that the nurse sees them in." Ms. Utsey testified that she did not receive training as a Med-Surg Technician in drawing blood.

As a Med-Surg Technician, Ms. Utsey said that she worked in the Department of Nursing. Her supervisor's title was Head Nurse. Ms. Utsey's salary as a Med-Surg Technician was \$23,500.

Ms. Utsey testified that she became a PCA on October 15, 1996. Her salary would range from \$24,000 to \$28,000 in that title, she said, depending on experience. She testified that she was in training for the position, along with sixteen other people, four of whom worked in clinics at Bellevue Hospital, and two of whom she personally knows. She testified that one of those two was previously a Med-Surg Technician; the other, a Nurse's Aide.

The training which Ms. Utsey testified she has received for the PCA position includes "basic Nurse's Aide" training, she said. The training also includes taking vital signs, performing bed baths, changing beds, assisting in taking specimens for laboratory work, and observing patient behavior.

Last to testify for D.C. 37 was Benjamin R. Brown, Jr. He has been employed by HHC for more than a year. Before serving in the title of PCA at Elmhurst Hospital for the past six months, he previously was an Environmental Service Aide. He testified that he was chosen as a PCA because of his medical background as an operating room technician and emergency medical technician with the U.S. Army from 1977 to 1983.

Mr. Brown testified that his training for the PCA title included "nursing duties, vital signs, changing of beds, proper lifting of patients, how to wash patients, and how to chart . . . intake and output of fluids . . . phlebotomy training, EKG training, isolation, proper disposal of isolation wear that we come in contact with on the wards and in the emergency room." Mr. Brown said that his training for PCA did not include administering vision and hearing tests.

Further, as to training, Mr. Brown testified that a few of the duties in the position description for Laboratory Assistant were included in his training as PCA. Those are verifying identification of patient specimens and requests for tests, sorting specimens with appropriate labeling and identification for distribution to designated laboratories for testing, and adhering to infection control guidelines and procedures.

In addition, Mr. Brown testified that one of the duties listed in the Laboratory Associate position description was included in his training as PCA. That duty is described as obtaining specimens and labeling with name, date, and source; storing and preserving specimens; and disposing of completed specimens.

Mr. Brown testified further that several of the duties listed in the position description for Phlebotomist were also included in his training as PCA. Those are drawing blood for

laboratory testing, instructing patients in order to obtain test samples and collecting those specimens, identifying patients and patient specimens, maintaining records and logs, assisting with laboratory equipment, performing clerical tasks in support of blood-drawing activities, and adhering to infection control practices.

Mr. Brown testified further that a few of the duties listed in the position description for the title of Laboratory Associate in the HHC Child Health Clinics were also included in his training as PCA. Those duties are obtaining blood specimens and analyzing blood and urine specimens, storing specimens and disposing of them, as well as preparing specimens for transport to reference laboratories.

Mr. Brown also said that he had received training in inspection of stool specimens, but he did not elaborate as to whether that was in connection with training to be a PCA or another position. Mr. Brown also testified that, as a PCA, he works in the Department of Nursing. After completing training, he was assigned to the ER at Elmhurst Hospital.

He works with four other PCA's, all of whom worked previously at Elmhurst Hospital, and with RN's. Mr. Brown testified that, before the other PCA's assumed their current title, one worked as a Phlebotomist, one an EKG Technician, one a Nurse's Aide, and one was a clerk in Medical Primary Care.

As a PCA, Mr. Brown testified that his duties primarily include taking vital signs, performing urine and pregnancy tests, blood-drawing, labeling specimens, interviewing patients in order to triage them according to the severity of their conditions, performing first aid, performing EKG's, preparing a sterile field for surgery, handing sterile instruments to physicians, preparing stretchers and gurneys, transporting patients, and recording information regarding patient histories on patient charts.

As to salary, Mr. Brown testified that, as an Environmental Service Aide, he made approximately \$23,000 annually. As a PCA, he said that he was told his annual salary would be \$24,690.

POSITIONS OF THE PARTIES

SEIU, L. 144

L. 144 argues that it should represent employees in the title of Patient Care Associate, because "Patient Care Associates do phlebotomy" and "the salary of the Patient Care Associate is well within the range of Local 144 titles." Moreover, L. 144 asserts, "The duties in the Patient Care Associate title if awarded to another union may threaten the job security of many of our workers. We only seek to protect our interests." Local 144 maintains that "these members are in danger of replacement" in that "the PCA is doing Local 144 jobs."

"There would be a major impact on the Civil Service Division of Local 144,11 the union contends, "if we did not represent [employees in the PCA title], since the affected workers represent half of the total division membership." L. 144 further alleges that HHC "will not hire any new Phlebotomists" and "the title will cease to exist through attrition. To make matters worse," the union argues, "Metropolitan Hospital laid off all of its Phlebotomists, posted a Patient care Associate job description which stated that the candidates should have Nurse's Aide experience. This made it impossible for Local 144 Phlebotomists to apply."

The union adds that it represents PCA's in private-sector hospitals. It also argues that its members in the titles of Phlebotomist, Laboratory Assistant and Laboratory Associate are required to undergo extensive training to perform complex laboratory procedures and to exercise a higher degree of judgment than employees in the PCA title.

D.C. 37

D.C. 37 argues that the Patient Care Associate title should be accreted to the Hospital Technicians unit because of the greater community of interest between that title and other titles which the union represents. The union asserts that the PCA

title's position description combines duties and responsibilities which are found in titles now represented by D.C. 37.

D.C. 37 argues that the salary level, line of supervision, degree of responsibility and degree of interchange with other titles represented by the union all support representation of employees in the PCA title by D.C. 37. The union asserts that the PCA title "is being utilized to provide a greater level of flexibility, not to surreptitiously undermine any particular bargaining unit. . . . "

Therefore, D.C. 37 urges the Board to find, without ordering an election, that a greater community of interest exists between the PCA title and other titles in Certification No. 62D-75 represented by D.C. 37 than between that title and those represented by SEIU, L. 144.

DISCUSSION

The instant petition seeks the accretion of employees in the title of Patient Care Associate to the Hospital Technicians Unit jointly certified to L. 144, D.C. 37 and L. 237. The petition also seeks the resolution by the Board of Certification ("Board") of a dispute between L. 144 and D.C. 37 as to which employee organization shall have internal jurisdiction over the employees at-issue. By stipulation, all three parties have agreed that this dispute be submitted to the Board; however, Local 237 has

declined to participate in the instant proceeding beyond stating its position that the title should be accreted to the Hospital Technicians Unit.

Pursuant to the New York City Collective Bargaining Law ("NYCCBL") § 12-309b, the Board has the power and duty, inter alia, to make final determinations of the units appropriate for purposes of collective bargaining between public employers and public employee organizations. In addition, the Rules of the Office of Collective Bargaining ("Rules")¹² provide that the Board may entertain a petition by, inter alia, public employees or their representatives for the investigation of a question or controversy concerning the representation of such public employees.¹³

A determination that a particular unit structure is appropriate for collective bargaining is not a finding that such unit is the only appropriate unit. Rather, it is the Board's function, after carefully weighing all of the evidence in the record and considering the criteria prescribed in the Rules, to certify a union to represent employees in an appropriate unit.¹⁴ Here, however, there is no dispute among the joint representatives of the unit that the Hospital Technicians Unit is

¹² Title 61, Rules of the City of New York.

¹³ Section 1-02 (b).

¹⁴ Decision No. 11-87 at 12-13.

the appropriate unit for employees in the newly created PCA title. Moreover, the Board has been presented with no evidence disputing the appropriateness of their placement in this unit. Therefore, we find that the Hospital Technicians Unit, designated by Certificate No. 62D-75, is determined hereby to be an appropriate unit for placement of employees in the title of PCA.

Where two or more employee organizations sought to represent employees jointly in single unit, as here, the Board has granted joint certification.¹⁵ A bargaining unit with two or more jointly certified representatives possesses no different or greater status than a bargaining unit with a single certified representative. In the rare instances in which this Board has granted a joint certification at the request of the parties, we have done so for the purpose of permitting the most effective representation of the affected employees.¹⁶

The question presented herein, i.e., which of two jointly certified employee organizations shall assert internal jurisdiction over employees in a given title certified to the unit, is customarily a matter into which the Board of Certification will not inquire.¹⁷ In the instant case, however,

¹⁵ Decision Nos. 14-80, 62-75, 75-70, 63-70 and 17-70.

¹⁶ Decision No. 7-90.

¹⁷ Decision No. 17-82 (where the Board was presented with an allegation that a union was founded for the purpose of circumventing a no-raiding agreement between two other
(continued...)

L. 144 and D.C. 37 have specifically requested that the Board resolve such a dispute with respect to employees in the PCA title within the Hospital Technicians Unit designated by Certificate No. 62D-75.

For purposes of this proceeding, the parties have submitted evidence in support of their positions that employees in the PCA title share a community of interest with employees in titles over which they respectively exercise internal jurisdiction. In determining whether there is a community of interest, we consider the following factors:

1. the job duties and responsibilities of the employees,¹⁸
2. their qualifications, skills and training,¹⁹
3. interchange and contact,²⁰

17(... continued)
unions, the Board declined to investigate the allegation because it concerned the internal affairs of those unions).

¹⁸ Decision Nos. 2-94, 15-93, 16-86, 13-85 and 18-81.

¹⁹ Decision Nos. 2-94, 15-93, 13-85, 13-81 and 34-80.

²⁰ Decision Nos. 2-94, 15-93, 29-77, 23-76 and 23-75.

4. wage rates,²¹
5. lines of promotion,²²

²¹ Decision Nos. 2-94, 15-93, 13-85, 41-82 and 41-73.

²² Decision Nos. 2-94, 15-93, 34-80, 22-75 and 42-74.

6. organization or supervision of the department, office or other subdivision.²³

The weight of the above factors, inter alia, may be accorded different values on a case-by-case basis.²⁴

With respect to job duties and responsibilities, the witnesses who testified for D.C. 37 uniformly described their duties in the PCA title as involving direct patient care, such as performing first aid, performing cardiopulmonary resuscitation, making medical observations, taking vital signs including performing EKG's, recording findings directly in patient charts, performing simple screening tests of urine and blood sugar levels, and obtaining test results from computerized data banks. Although they uniformly testified that they had been trained in blood-drawing techniques, their testimony revealed that none had been trained in performing laboratory testing which requires the use of sophisticated equipment or standardized laboratory protocols, and none had been trained in the insertion of med locs for intravenous infusions.

With the exception of Benjamin Brown who did not specify the skills he obtained as an Environmental Service Aide, referring only to his six years' experience as an operating room technician and an emergency medical technician for the U.S. Army, the skills

²³ Decision Nos. 2-94, 15-93, 55-76, 65-73 and 61-71.

²⁴ Decision Nos. 2-94, 15-93, 9-88 and 15-87.

which the witnesses for D.C. 37 said they obtained before applying for the PCA title bear a strong resemblance to the skills required of Unit employees in titles already under the internal jurisdiction of D.C. 37.

For purposes of establishing the duties of a PCA, Francine Hughes, who was a Nurse's Aide for approximately three years at Metropolitan Hospital before becoming a PCA, testified. As a Nurse's Aide, she took vital signs, changed wound dressings, performed EKG's, collected specimens, monitored patients, transported patients from one location to another within the hospital, made beds, distributed food trays, handled bed pans, and bathed and clothed patients. As a PCA, Ms. Hughes testified that she performs all these duties and more.

Zeda Prioleau testified next for D.C. 37. She was a Med-Surg Technician for nine months and later an IV Tech for most of her nine years at Queens Hospital Center. As an IV Tech in the Department of Nursing, she performed finger-stick tests, blood cultures, and drew blood for testing purposes. In a given shift, she testified that she drew blood "maybe, three, four" times, without also starting an IV. Of the duties which Ms. Prioleau performed in her earlier job as IV Tech, the only duties she said she performed which are not assertedly part of the PCA training are starting intravenous infusions and checking for complications of the IV site.

The skills which Felicia Wardlaw said she obtained before applying for the PCA title are similar to those described by Ms. Prioleau. Ms. Wardlaw, too, was an IV Tech in the Department of Nursing at Queens Hospital Center. Her skills also bear a strong similarity to the skills required of Unit employees already under the internal jurisdiction of D.C. 37. In addition, she testified that her duties required her to document on patient charts types of intravenous solution which she administered to them. Like Ms. Prioleau, Ms. Wardlaw testified that she was not trained as an IV Tech to perform laboratory work.

Tabitha Utsey testified that she acquired a number of direct patient skills in her 16 years combined, as a Dietary Aide, Nurse's Aide, and Med-Surg Technician before applying for the PCA title. As a Med-Surg Technician in the Department of Nursing, she cleaned, bathed and fed patients, changed wound dressings, took vital signs including EKG's, and prepared patients and equipment for surgical procedures. Ms. Utsey testified that she worked directly with physicians, assisting in medical procedures, obtaining specimen bottles and labeling them, as well as transporting the containers to the laboratory, and retrieving medical data from the hospital's computerized data base.

Several witnesses were asked to compare the typical tasks of the Patient Care Associate with typical tasks for the titles of Laboratory Associate, Laboratory Associate in family care for the

Child Health Clinics, Laboratory Assistant, and Phlebotomist. Ms. Prioleau said that she was taught to handle most of the tasks, but she identified numerous exceptions. Those exceptions concerned storing and preserving biological specimens, centrifuging and decanting specimens, providing laboratory results according to established procedures and protocols, and blood-drawing to support a blood donor program. In addition, Ms. Prioleau testified that her training as a PCA did not include instruction in working in a laboratory, operating or maintaining laboratory equipment, employing standard laboratory controls, or preparing "reagents or media."

Ms. Wardlaw said that her training as a PCA made no reference to the performance of laboratory duties beyond "[d]rawing the blood, putting it into a tube, labeling, put it into a bag, placed on a messenger box, messenger picks it up, take it to the lab . . . That's all."

Similarly, while Mr. Brown testified that his training for the PCA position covered typical tasks enumerated in position descriptions for the titles of Laboratory Assistant, Laboratory Associate, Laboratory Associate in the HHC Child Health Clinics, and Phlebotomist, on the whole, the duties entailed only the obtaining and labeling of specimens.

Even though there is some overlap in typical tasks of the PCA with those of the Laboratory Assistant, Laboratory Associate,

Laboratory Associate in the Child Health Clinics, and Phlebotomist, the testimony reveals that a majority of the tasks require no special demonstration of proficiency in performing highly technical laboratory techniques or operating sophisticated laboratory equipment.

By contrast, the skills to which witnesses for L. 144 testified clearly are more specialized. For example, Phlebotomist Maldonado said that his entire day is occupied drawing and labeling blood specimens. When it becomes necessary to refer biological specimens to laboratories outside Elmhurst Hospital, Mr. Maldonado testified that he must use discretion to select the appropriate reference lab for that purpose. He also uses skilled training and judgment to categorize specimen containers for shipment to such laboratories.

Mr. Maldonado also explained that, while his blood-drawing activities do bring him in contact with patients, and while he does answer questions concerning matters such as fasting before blood is drawn, and although he occasionally is called upon to direct patients to other locations in the hospital facility if they appear at his door, he is not the first medical professional seen by the patients who come to him for the express purpose of giving specimens. He does not take vital signs or patient histories, does not make physical observations of patients, does not perform patient care duties, does not sterilize equipment

other than what he uses to draw blood, and does not assist physicians in performing surgical procedures or administering medical tests.

As a Lab Associate, Level II, Ms. Trotman testified as to her licensure in clinical laboratory to perform hematology and lead screening testing. She said that her entire work day consists of drawing blood and performing laboratory tests. Although she said that she performs several of the typical tasks enumerated in the PCA position description, she testified that she does not take vital signs, weigh patients, or perform vision and hearing tests. Her only contact with patients is for the purpose of obtaining accurate specimens. When she records information on patient charts, she said that it was to note lab test results, not to record other medical observations.

Also a Lab Associate, Level II, Mr. Murphy testified about his duties drawing blood, teaching medical colleagues the techniques, overseeing Phlebotomists, and "trouble-shooting" when problems with staff, patients, and/or equipment arise. Contrasting the PCA position description with his duties, he noted that he does not weigh or measure patients, nor does he record findings on patient charts, nor does he minister directly to patients who may faint when blood is drawn. For that, he calls on a physician or nurse to assess the patient. Mr. Murphy testified that he does not book patient appointments; patients

are served in his blood-drawing room generally on a first-come, first-served basis. He and his colleagues generally do not accompany patients to other locations of the hospital, except to assist when an individual is lost.

Phlebotomist Desiree Smith testified that her typical day, before she was laid off in June, 1996, consisted of blood-drawing and data-entry duties. Similarly, Laboratory Assistant Glenis Bailey testified that her work day consisted of retrieving laboratory specimens, labeling and preparing them for transmittal to laboratories and recording information concerning lab results. She also testified that she provides information required by Phlebotomists to perform their assignments. In the clinics where she works, Ms. Bailey said that she comes in contact with patients for the purpose of taking specimens, but contrasting the PCA position description with her duties, Ms. Bailey testified that her contact with patients does not result from her initiating the contact. Further, while Ms. Bailey handles paperwork which is filed in patient charts, she did not testify that she, herself, is responsible for entering notations on patient charts.

None of the witnesses for L. 144 currently serve in the PCA title. Phlebotomist Maldonado explained that he had declined to apply for the position, because it was described as "temporary," and because "it didn't make sense" to him to apply for a position

wherein "they wanted us to do three times the work for the same salary." Phlebotomist Smith testified that she and two others in her title did not apply for the PCA position, because, she said, "We were told that we couldn't submit, sign or anything for it, that it was basically for Nurse's Aides, at that particular time."

As to interchange among employees in the PCA title and those in other titles in the Hospitals Technicians Unit, witnesses presented by D.C. 37 testified that, upon completion of their PCA training, they expect to be working with Nurses, Med-Surg Technicians, Radiology Clerks and Respiratory Therapists. Only Zeda Prioleau said that she expects to work with Phlebotomists, in addition to nurses and technicians. By contrast, the witnesses for L. 144 testified that they work almost exclusively with laboratory personnel.

The wage rates among the titles under consideration are only marginally different and thus are not dispositive of the question before us. The testimony shows that the PCA salary ranges from approximately \$24,000 to approximately \$28,000. There was testimony also that salaries for titles over which D.C. 37 exercises internal jurisdiction range from approximately \$23,000 to approximately \$28,000. There was testimony as well that salaries for titles over which L. 144 exercises internal

jurisdiction range from approximately \$25,000 to approximately \$29,000.

Similarly, since there is no line of promotion in any of the titles under consideration herein, this criterion is not a factor in our determination. As to lines of supervision, the Patient Care Associate title is under the supervision of the Department of Nursing in each of the institutions for which employees testified. Titles over which D.C. 37 exercises internal jurisdiction also are supervised by Departments of Nursing. There was no testimony by witnesses for L. 144 as to any nursing supervision of the laboratory titles represented by L. 144.

In sum, considering whether employees in the PCA title share a community of interest with employees in titles represented by D.C. 37 or with employees in titles represented by L. 144, we find that D.C. 37 has demonstrated a significant similarity in job duties and responsibilities between the PCA title and titles over which it already exercises internal jurisdiction in the Hospital Technicians Unit. Those duties largely consist of direct patient care and performing simple screening tests, rather than more sophisticated laboratory testing procedures utilizing standardized laboratory protocols performed by employees in the titles over which L. 144 asserts internal jurisdiction.

We also find that D.C. 37 has demonstrated a greater community of interest between employees in the PCA title and

employees in titles over which it currently exercises internal jurisdiction in the Hospital Technicians Unit with respect to qualifications, skills and training; interchange and contact; and supervision of the departments in which they work.

We note that it is the position of L. 144 that assignment of the Patient Care Associate title to the internal jurisdiction of D.C. 37 within the Unit will result in a marked diminution in the number of employees which it represents in that Unit. The size and strength of a bargaining unit are not criteria which the Board has used to resolve representation disputes, and nothing has been presented by either party to warrant our using them now. Moreover, upon our review of the record herein, we are not persuaded that the titles over which L. 144 has internal jurisdiction are being eliminated.

Based upon these findings, we determine that D.C. 37 should exercise internal jurisdiction over employees in the title of Patient Care Associate in the Unit under Certification No. 62D-75.

ORDER

Pursuant to the powers vested in the Board of Certification by the New York City Collective Bargaining Law, it is hereby

DIRECTED, that the title of Patient Care Associate [Title Code No. 988010], be certified to Certification No. 62D-75, as amended, held jointly by the Service Employees International Union, L. 144, and by District Council 37, AFSCME, AFL-CIO, and by City Employees Union, Local 237, International Brotherhood of Teamsters; and, further, it is hereby

DIRECTED, that, pursuant to the question presented to the Board of Certification by the parties herein as to whether L. 144 or D.C. 37 shall have internal jurisdiction over employees in the title of Patient Care Associate, D.C. 37 shall have internal jurisdiction over employees in the title of Patient Care Associate.

Dated: New York, N.Y.
January 31, 1997

STEVEN C. DeCOSTA
CHAIRMAN

GEORGE NICOLAU
MEMBER

DANIEL G. COLLINS
MEMBER

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
HUMAN RESOURCES
POSITION DESCRIPTION

Position Title	Title Code(s)	Effective	Reissued	Revision
Patient Care Associate	988010	8/25/95		

Purpose of Position:

Under direct supervision of a licensed nurse or other professional medical staff in a health care setting, performs a variety of clerical and health-related duties associated with patient care; performs related work.

Examples of Typical Tasks:

1. Checks vital signs weighs and measures patients, obtains specimens and record findings on patient's chart.
2. Instructs patients on how to obtain specimens for laboratory testing and performs basic specimen screening testing through dipstick and hemocult.
3. Prepares collected specimens for pick-up by labeling form(s) and picks-up lab results.
4. Performs vision an hearing testing and simple urinalysis.
5. Administers emergency first aid including basic life support procedures.
6. Performs simple first aid, such as dressing changes, bandaging and cleansing of wounds: irrigation and cleansing of ears.
7. Prepares patients for examination and assists medical provider during examination by providing necessary supplies/equipment.
8. Prepares examining, room for examination including cleaning and sterilizing instruments and equipment.
9. Informs patients on proper preparation for various medical testing.

Position Title	Title Code(s)	Effective	Reissued	Revision
Patient Care Associate	988010	8/25/95		

Examples of Typical Tasks(cont.)

10. Conducts interview of client to obtain routine personal and medical information, and appropriate health history.
11. Maintains, completes, processes and files patients' charts, appropriate forms and documents.
12. Reports observations of patient to medical staff caring for patient to ensure professional assessment.
13. Answers routine inquiries of patients in-person or via telephone and makes appropriate referrals.
14. Participates in informing, patients and their families of health care services and achieving healthful safe living.
15. Maintains inventory of the unit's equipment stock and supplies.
16. Works effectively as a team member in the delivery of care and assists in the orientation of new employees.
17. Directs and escorts patients to other hospital departments and/or facilities, needed.
18. Coordinates efforts of various clinic and ,facility departments in scheduling and rebooking appointments through manual and/or automated systems and enters pertinent patient information into hospital data systems.
19. Obtains blood specimens for laboratory testing by performing venipuncture and/or fingerstick testing
30. Operates electrocardiograph equipment to record electrical wave tracing of the electrical currents of the heart muscle.

Position Title	Title Code(s)	Effective	Reissued	Revision
Patient Care Associate	988010	8/25/95		

Qualification Requirements:

1. A four year high school diploma or its educational equivalent and
2. Successful completion of a NYS Department of Health prescribed training program for phlebotomy, satisfactory to the laboratory director and appropriate to the workload of the facility, and
3. Completion of a facility-based training program in the performance of electrocardiographs and basic life support procedures including certification in Cardio-Pulmonary Resuscitation.

Direct Line of Promotion:

From: To Be Determined

To: To Be Determined

This class of positions is in the competitive class.

Duties and Responsibilities

LABORATORY ASSOCIATE

Duties and Responsibility

Under direct supervision, performs clinical laboratory procedures which require limited technical skill and responsibility in specialties specified in the New York City Health Code; performs similar laboratory procedures in non-clinical laboratories in various City Departments. The following are typical assignments within this class of positions. All personnel perform related work as required.

Assignment Level I

Obtain specimens and labels with name date and source. Stores and preserves specimens; disposes of completed specimens.

Prepares specimens and performs or assists in the performance of routine tests and analysis employing standard controls in accordance with stipulated procedures utilizing manual or automated techniques.

Prepares reagents and media according to prescribed formulas; maintains upkeep of designated laboratory instruments before and after usage.

Records results and submits written report of diagnostic tests, utilizing safeguards such as checks and cross checks.

Assignment Level II

May assign work to those in Assignment Level 1, and train them in laboratory procedures, reviewing their work as required.

Sets up standard controls and calibrations for equipment and tests as required; prepares, packages, labels and standardizes laboratory reagents and media.

Supervises the maintenance or maintains upkeep of designated laboratory instruments before and after usage, including minor repairs and adjustments; maintains inventory of laboratory supplies and equipment; oversees storage and security of same.

Performs tests employing standard controls in accordance with stipulated procedures, utilizing manual or automated techniques; analyzes and records results and submits written reports.

Page 1 of 2

APPENDIX B-1

LABORATORY ASSOCIATE (Continued)

Qualification Requirements

High School graduation and one year of full-time experience or training in a clinical laboratory acceptable to the Department of Health.

However, at the time of appointment to clinical laboratories, eligibles will be required to possess a valid certificate of qualification issued by the Commissioner of the New York City Department of Health as subspeciality areas, except histology for which a certificate is not presently issued; or a certificate as a Clinical Laboratory Technician trainee plus six months of experience in a clinical laboratory acceptable to the Department of Health.

Direct Lines of Promotion

From: None

To: Laboratory Microbiologist (21513)
Junior Chemist (21805)

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

125 Worth Street, Room 342 • New York, New York 10013
Tel. (212) 788-4969 Fax: (212) 788-2171

The Child Health Clinics of New York City

FUNCTIONAL POSITION DESCRIPTION

POSITION TITLE: LABORATORY ASSOCIATE

Major Duties: Under the direct technical supervision of the Laboratory Supervisors (Associate Laboratory Microbiologists) and the administrative supervision of the Laboratory Director, performs the following tasks:

- 1) Obtains specimens by phlebotomy and other techniques. Analyzes blood and urine specimens according to currently accepted procedures.
- 2) Safely and appropriately stores specimens. Disposes of specimens according to Infection Control and Safety guidelines, policies and procedures.
- 3) On a daily basis, analyzes controls and documents control values prior to beginning sample testing. Performs quality control and preventive maintenance procedures according to the appropriate policies and procedures.
- 4) Prepares specimens for transport to reference laboratories. Receives patient results from reference laboratories. Legibly documents information into accession logbook. Posts lab reports into patients' medical records in a timely manner. Communicates abnormal test results to the physician and nurse-in-charge.
- 5) Prepares and submits all quality control, maintenance, and activity reports, written legibly and containing complete information in a timely manner, as directed supervisors.
- 6) Passes proficiency tests for analysis performed on-site as required by New York Health Code.
- 7) Performs any and all other related duties as assigned by supervisory staff.

MetPath
Frosted Slides

OFFICE OF COLLECTIVE BARGAINING
444 SEIU EXHIBIT #5
FOR IDENT ✓ IN EVID ✓
DATE 10/23/96

Operated on behalf of the City's children, with support
from the New York City and State Departments of Health

APPENDIX
B-3

HUMAN RESOURCES

Revision

POSITION DESCRIPTION

Title Code
004950

Position Title

OFFICE OF COLLECTIVE BARGAINING

444 SEIU EXHIBIT #4

PHLEBOTOMIST

FOR IDENT. IN EVID.

DATE 10/23/96

PURPOSE OF POSITION:

Under supervision of licensed personnel performs phlebotomy procedure to provide ancillary support to laboratories in drawing blood from patient/client for testing and diagnostic procedures and in support a blood donor program. Cleans laboratory equipment, and performs clerical duties in support of laboratory/phlebotomy activity.

MAJOR DUTIES:

1. Draws blood for laboratory testing and diagnostic procedures in accordance with established protocols and procedures.
2. May perform blood drawing procedures to support a blood donor program.
3. Provides instruction to patients in order to obtain test samples as required. Collects specimens.
4. Follows procedures an identification of patient and patient specimens and performs related documentation.
5. Inputs phlebotomy requisitions via automated or manual logging systems.
6. Maintains required records and logs.
7. Assists in collecting, cleansing, inspecting and storage, of related laboratory equipment.
8. Performs clerical tasks in support of blood drawing activities.
9. Adheres to infection control practices including blood/body fluid precautions and isolation techniques.
10. Performs related work.

KNOWLEDGE AND SKILLS:

1. Graduation from a senior high school or evidence of having passed an examination for a high school equivalency program, or
2. Satisfactory combination and education, training and experience, and
3. Successful completion of the prescribed training program for Phlebotomist.

DIRECT LINES OF PROMOTION:

None. This class of positions is in the Non-Competitive class

APPENDIX C

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
HUMAN RESOURCES

Issued

7/17/89

Revision

POSITION DESCRIPTION

Position Title

Title
Code

004960

Laboratory Assistant

OFFICE OF COLLECTIVE BARGAINING

444 SEIU EXHIBIT #3

FOR IDENT. ✓ IN EVID. ✓

DATE 10/23/96

PURPOSE OF POSITION:

Under direct supervision prepares specimens for analysis. Performs recordkeeping, data entry and collection activities relating to patient specimens for diagnostic and treatment purposes using automated and/or manual systems; performs related work.

MAJOR DUTIES:

1. Verifies identification of patient specimens and requests for tests.
2. Sorts specimens with appropriate labeling and identification for distribution to designated laboratories for testing.
3. Performs pertinent data entry and retrieval functions using automated and/or manual systems.
4. Centrifuges and decants specimens.
5. Maintains laboratory records in accordance with established procedures and protocols including the generation, separation, sorting and distribution of reports.
6. Maintains inventory of laboratory supplies and distributes supplies.
7. Delivers laboratory results to designated areas, files results in patients medical records as assigned.
8. Picks up specimens and laboratory requests, delivers specimens to laboratories for analysis and distributes reports.
9. Cleans and maintains equipment.
10. Provides laboratory results in accordance with established procedures and protocols.
11. Adheres to infection control guidelines and procedures.
12. Performs related work.

KNOWLEDGE AND SKILLS:

1. Graduation from a Senior High School or High School Equivalency diploma and one year of experience in a laboratory environment performing related work as described in position, or
2. Satisfactory equivalent combination of education, training and experience.

DIRECT LINE OF PROMOTION:

None. This class of position is in the Non-Competitive Class.

APPENDIX D

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Issued

Personnel Division

Revision

6/17/82

POSITION DESCRIPTION

Position Title

Title Code

MEDICINE-SURGERY TECHNICIAN

00189

Purpose of position:

Under direct supervision of a professional nurse, physician or other assigned professional staff member in a health and patient care team, performs technical and sub-professional nursing and/or medical care procedures in delivery or nursing or medical care to acutely ill, long term and ambulatory patients, as a member of a medical-surgical health care team.

Major duties:

1. Provides direct care to acutely ill patients pertaining to but not necessarily limited to cardiovascular conditions, respiratory conditions, gastrointestinal conditions, kidney or urinary conditions, musculoskeletal conditions, neurological conditions, burns and cancer.
2. Prepares for intravenous therapy, nursing care of patient on cardiac monitor, respirator, tracheostomized patients receiving oxygen therapy via mask, including high humidity and vent: masks.
3. Provides direct nursing care to patients encompassing range of activities such as but not necessarily limited to motion exercises, turning and positioning bed patients, perineal care, decubitus care, measuring and recording fluid intake and output.
4. Performs treatment and diagnostic procedures such as routine blood pressure, suction tracheotomy tube, vaginal douche, applying sterile and ace bandages, and assists in other special treatments and diagnostic procedures.
5. Assists with nursing care of patients requiring hemovac suction chest tubes and underwater sealed drainage, uretho-urinary drainage, wound suction, hypothermia, peritoneal dialysis, and cardio-pulmonary resuscitation and other special procedures.
6. Observes, monitors (visually and/or via electronic/electro mechanical equipment/devices), and reports changes in patient's condition and behavior to professional nurse, physician, or profession staff

member. Assists in meeting emotional needs of patient.

7. Performs brief observation of the patient before the tour begins including respiratory status, infusion bottle, patient's color and general appearance and proper functioning of inhalation therapy equipment.

8. Maintains medical and surgical asepsis.

Position Title MEDICINE-SURGERY TECHNICIAN	TITLE CODE 00189
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Major duties (continued):

9. Prepares patient and assists physician with treatments, including spinal tap, paracentesis, thoracentesis, bone marrow and other specialized procedures and treatments.

10. Participates in planning and implementing a program of daily living activities for individual patients.

11. Reinforces patient and family instruction given by professional personnel, including nutrition, foot care, crutch-walking, etc.

12. May perform functions and activities of the basic Nurse's Aide in support of the above tasks.

Knowledge and skills required:

1. One (1) year of satisfactory experience as described in "Major Duties" in a hospital, health care or medical facility; or

2. One (1) year satisfactory experience in providing non-profession nursing or medical support services in a hospital, health care or medic facility, and satisfactory completion of prescribed courses in an approved training program as a medical-surgical technician; and the following:

3. Ability to establish successful interpersonal relationships with patients and co-workers.

4. Knowledge of practices and, techniques utilized in sub-professional nursing and/or medical care in geriatrics, medical-surgical care or ambulatory care.

5. Good manual dexterity.

Direct line of promotion:

None. This class of positions is in non-competitive class.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION HUMAN RESOURCES	Issued 12/11/89 Revision
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POSITION DESCRIPTION

Position Title IV TECHNICIAN	Title Code 005000
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Purpose of Position:

Under direct Medical or nursing supervision as a member of an IV team provides necessary ancillary support to clinical services in accordance with established protocols.

Major Duties

1. Performs venipuncture for the purpose of initiating the administration of physiologically compatible solutions and for the purpose of withdrawing blood. (e.g. DSW, normal saline, etc.)
2. Initiates, restarts and discontinues peripheral venous lines.
3. Replace bottles and/or bags of physiologically compatible solutions.
4. Performs finger stick and under aegis of the medical director Of the Department of Pathology uses glucometers blood glucose determinations and performs related quality control tests.
5. Maintains IV lines, related equipment and supplies in strict adherence to infection control guidelines.
6. Inspects the insertion site an a routine basis to prevent and control infection.
7. Documents required information in the patients' medical record. Alerts appropriate licensed personnel of any untoward effects observed in the patient, the line, or the site.
8. May perform ancillary support to laboratories for venipuncture for laboratory testing and may draw blood to support a blood donor program.
9. Performs required documentation.
10. Performs related tasks.

* Restricted to patients over 12 years of age

APPENDIX F-1

Knowledge and Skills Required:

1. High School diploma or equivalency diploma
2. Certification as a Phlebotomy Technician by an organization recognized by the National Accrediting Agency for Clinical Laboratory Sciences or an equivalent or equally acceptable certification, and
3. Successful completion of a prescribed training program for IV Technicians.

Direct Line of Promotion:

None. This class of positions is in the Non-Competitive Class