

**UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 32**

**DOCTORS HOSPITAL OF MANTECA, INC. D/B/A
DOCTORS HOSPITAL OF MANTECA**

Employer

and

Case 32-RC-379650

**SERVICE EMPLOYEES INTERNATIONAL UNION -
UNITED HEALTHCARE WORKERS WEST**

Petitioner

DECISION AND DIRECTION OF ELECTION

For the reasons set forth below, I direct an *Armour-Globe*,¹ self-determination election of Emergency Department Technicians (EDTs) to determine whether they want to join an existing nonconforming bargaining unit at Doctors Hospital Manteca, Inc. D/B/A Doctors Hospital of Manteca (the Employer or DHM).

Petitioner, Service Employees International Union-United Healthcare Workers West (the Union), currently represents a single multi-facility and multi-employer bargaining unit of employees who perform their duties at seven different hospitals in California (existing unit).² The

¹ *Armour & Co.*, 40 NLRB 1333 (1942); *Globe Machine & Stamping Co.*, 3 NLRB 297 (1937).

² Desert Regional Medical Center:

Included: All full-time, regular part-time, and per diem Service, Maintenance, Technical, Skilled Maintenance and Business Office Employees;

Excluded: All other Employees, managers, supervisors, confidential Employees, guards, physicians, residents, central business office Employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, Employees of outside registries and other agencies supplying labor to the Employer and already represented Employees.

Doctors Medical Center of Modesto:

Included: All full-time, regular part-time, and per diem service, maintenance, technical, skilled maintenance and business office employees;

Excluded: All other employees, managers, supervisors, confidential employees, guards, physicians, residents, central business office Employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries and other agencies supplying labor to the Employer and already represented Employees.

Doctors Hospital of Manteca:

seven hospitals are all part of the same health system, Tenet Healthcare. The collective bargaining agreement (CBA) covering the existing unit describes the unit facility by facility, with each facility describing its own classifications of employees who are included and excluded. See Union Exh. 1 at 2-4.³ There is no overarching unit description for the existing unit that spans all seven hospitals.

On January 22, 2026, the Union filed a petition seeking an *Armour-Globe* self-determination election to add approximately seven full-time, part time, and per diem Emergency

Included: All full time, regular part-time, and per diem Service & Maintenance and Business Office Clerical employees;

Excluded: All other employees, managers, supervisors, confidential employees, guards, physicians, residents, central business office Employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries and other agencies supplying labor to the Employer and already represented Employees.

Emanuel Medical Center:

Included: All full time, regular part-time, and per diem Service & Maintenance, skilled maintenance and Technical employees employed by the Employer at 825 Delbon Ave., Turlock, California;

Excluded: all other employees, confidential employees, physicians, residents, central business office employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries, registered nurses, traveling nurses, permanent charge nurses, employees of other agencies supplying labor to the Employer, already represented employees, managerial employees, guards, and supervisors within the meaning of the Act.

John F. Kennedy Memorial Hospital:

Included: All full-time, regular part-time, and per diem Service, Maintenance, Technical, Skilled Maintenance, Business Office and Professional Employees;

Excluded: All other Employees, including confidential Employees, office clerical Employees, all other professional Employees (including without limitation physicians and residents), registry nurses, Employees of outside registries and other agencies supplying labor to the Employer, traveling nurses, regularly assigned charge nurses, guards, managers, supervisors, as defined in the Act, and already represented Employees.

San Ramon Regional Medical Center:

Included: Service and Maintenance employees;

Excluded: All other employees, managers, supervisors, confidential employees, guards, physicians, residents, central business office employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries and other agencies supplying labor to the Employer and already represented employees.

Hi-Desert Medical Center:

Included: All full-time, regular part-time, and per diem service and maintenance, skilled maintenance, and technical employees;

Excluded: All other employees, managers, supervisors, confidential employees, guards, physicians, residents, central business office Employees (whether facility based or not) who are solely engaged in qualifying or collection activities or are employed by another Tenet entity, such as Syndicated Office Systems or Patient Financial Services, employees of outside registries and other agencies supplying labor to the Employer and already represented Employees.

³ Citations to the Transcript are denoted by “Tr.”, followed by the corresponding page numbers. Board Exhibits are denoted as “Bd. Exh.” Petitioner Exhibits are denoted “U. Exh.”

Department Technicians employed by the Employer, Doctors Hospital of Manteca, at its 1205 E. North St., Manteca CA, 95337 facility to the existing unit.

The Employer maintains that the Petition should be dismissed because it seeks to add employees to a non-cognizable bargaining unit,⁴ the petitioned-for employees do not share a community of interest with the existing unit, and the petitioned-for employees do not constitute a distinct and identifiable unit.

A hearing officer of the Board held a hearing in this matter on February 11, 2026, and the parties orally argued their respective positions prior to the close of the hearing. I have carefully considered the evidence and arguments presented by the parties, along with relevant legal precedent and have determined that the petitioned for Emergency Department Technicians are a distinct and identifiable voting group, which shares a community of interest with the existing unit, and that the enlarged unit sought by the Petitioner through an *Armour-Globe* election is an appropriate unit.

I. FACTS⁵

A. The Employer's Operation and Bargaining History

Doctors Hospital of Manteca (DHM), is a 73-bed acute care hospital that provides an array of medical services.⁶ The existing unit there, described in the CBA, includes service and maintenance and business clerical employees. As stated above, the CBA also covers employees who work at other hospital facilities owned by DHM's parent company, Tenet Healthcare (Tenet). While the CBA covers the entire multi-facility and multi-employer unit, the unit is described at the facility/employer level, and certain provisions cover only employees of certain facilities. See U. Exh. 1 generally.

B. Emergency Department Technicians in the Existing Multifacility Unit

The CBA describes the existing unit by detailing which groups of employees at each facility are included and which are excluded. U. Exh. 1 at 2-4. Each description lists service and maintenance employees as included in the unit, but some hospitals have additional employees included. *Id.* For example, at John F. Kennedy Memorial Hospital, all full-time, regular part-time, and per diem service, maintenance, technical, skilled maintenance, business office and professional employees are included, while all other employees are excluded. By contrast, at DHM, only full-time, regular part-time, and per diem service and maintenance and business office clerical employees are included, while all other employees are excluded. At San Ramon Regional Medical Center, only service and maintenance employees are included, while other employees are

⁴ The Employer clarified at hearing that its reference to a "non-cognizable bargaining unit" in its statement of position is intended to refer to the fact that the existing unit is a nonconforming unit under the Board's Health Care Rule (29 CFR § 103.30). Tr. 19.

⁵ In the interest of brevity, additional facts with citations to the record are included only where needed in the analysis section and are not reproduced here.

⁶ See Tr. 101; Central Valley Doctors Health System, *About Us*, last visited Feb. 25, 2026, <https://www.cvdoctorshealthsystem.com/about>.

excluded. The CBA continues in this manner for each of the signatory hospitals, specifying which categories of the hospital's employees are included in the multifacility unit. The existing unit is therefore nonconforming under the Board's Health Care Rule, 29 CFR § 103.30, because it includes some but not all of the employees belonging to the categories established in the Rule.

Emergency Department Technicians (EDTs) are included at only certain hospitals—namely, Emanuel Medical Center and Hi-Desert Medical Center. U. Exh. 1 at 225, 226; Tr. 16. EDTs at other hospitals do not appear in the contract and are not named in the contract's wage steps.

C. The EDT role at DHM

The Employer employs approximately seven EDTs at DHM. U. Exh. 5. The EDTs spend at least 80% of their working time in the Emergency Department (ED)⁷ but receive temporary assignments to work in other areas of the hospital approximately twice per month. Tr. 53-54, 73, 86. EDTs are scheduled in two overlapping shifts: day shift, from 7:00 am to 7:30 pm, and night shift, from 7:00 pm to 7:30 am. Tr. 39; U. Exh. 5. There is typically only one EDT scheduled to work at a time outside of the 30-minute overlap window for shift change. Tr. 41, 56; U. Exh. 5. However, there are gaps in time where no EDT is scheduled to work. Tr. 57; U. Exh. 5.

EDTs are responsible for a mix of patient care and logistical support tasks within the ED. EDTs are not assigned to individual patients but are instead responsible for all the patients in the ED. Tr. 49-50. To be considered for hire at DHM, applicants for the EDT position must possess a minimum of six months of recent experience as an EDT or Emergency Medical Technician (EMT), or have completed at least the first semester of the clinical portion of a registered nursing program, or be a California Certified Nurse Assistant (CNA). U. Exh. 3; Tr. 100.

When an EDT arrives to work for a typical shift, they check in with the EDT whose shift is ending. The outgoing EDT gives a rundown of what happened during their shift, including what supplies were stocked, what is running low, and the status of the patients currently in the ED. If there was no EDT scheduled for the previous shift, the incoming EDT checks in with the charge nurse on duty or the monitor tech. Tr. 56-57.

After checking in with the outgoing EDT, monitor tech, or charge nurse, the incoming EDT checks that the supply carts in the ED are appropriately stocked. EDTs ensure that supply carts in the ED remain stocked throughout their shift and replenish carts from a supply room. If the supply room runs low, EDTs request additional supplies from materials management personnel and report needed supplies to the monitor tech for ordering on a weekly basis. Tr. 62-64.

Next, EDTs log on to a computer to check if any patient care tasks have been ordered. If ordered, EDTs complete basic tasks like splinting a patient or getting them fitted for a walking boot or other extremity orthotic. Tr. 64-65. EDTs are also responsible for attaching sticker equipment to patients to monitor their vitals. Tr. 46. They may perform an EKG test on a patient by attaching an EKG machine and receiving a result printout. EDTs do not interpret results or communicate diagnoses to patients. Tr. 65-66. EDTs also assist other hospital personnel with tasks.

⁷ At hearing, witnesses referred to the department as both the "emergency department" or "emergency room." For consistency, the term "emergency department" (ED) is used herein.

For example, EDTs assist phlebotomists with blood sample collection by holding a limb steady, particularly if the patient is a child. EDTs assist with blood draws approximately two to three times per shift. Tr. 66-67. EDTs may bring blood and urine samples to the lab for testing, particularly if the specimen is one that needs to be processed in a short window of time. Tr. 67-68. EDTs also assist in a process called “conscious sedation,” which is used when staff need to realign a patient’s bones. During the procedure, EDTs may work with a registered nurse, a doctor, a respiratory therapist, and an X-ray tech. After a patient is sedated, an EDT assists in resetting the bone and applying a splint. Tr. 69.

Aside from direct patient care functions, EDTs perform logistical tasks in the ED. They turn over rooms between patients so that the room is ready for a new patient. Turning over a room requires removing used linens and replacing them; replacing pillows; and wiping down the gurney, cables, furniture, and anything else the patient or their family has touched. Environmental service workers and nurses also turn over rooms when EDTs are busy. Tr. 71. EDTs transport patients within the ED and keep track of their locations. Tr. 69. They also direct hospital personnel not assigned to the ED, like transporters who move patients between departments, to the room that a patient is in. Tr. 70.

D. Relevant Employee Classifications Included in the Existing Unit at DHM⁸

Monitor Technician

The primary duty of a monitor technician is to watch a monitor that displays patient vitals on a screen. If the screen shows something concerning about a patient’s vitals, the monitor tech will communicate that to a nurse or, if no nurse is present, the charge nurse. Monitor techs may also enter a patient’s room to check on the patient directly. Monitor technicians sit at the central charge desk. They interact frequently with the charge nurse on duty, and they sit at the charge desk. Tr. 51. They also serve as a coordinator for the ED by answering the phone, connecting physicians with hospitalists and other specialists, answering call lights, ordering ambulances, and ordering supplies. Tr. 45, 51-53, 64.

EDTs interact frequently, on at least a nightly basis, with monitor techs when they are on shift together. Tr. 57, 89, 95. When there is no monitor tech on duty, the EDT acts as a monitor tech. Tr. 50. EDTs currently act as a monitor tech approximately once per week. Tr. 73-74. Monitor techs at DHM are included in the existing unit under various designations. U. Exh. 1 at 231; Tr. 136-37.

Registration Associate

Registration associates assist in registration and admission when patients enter the hospital. Tr. 138. It is an administrative role that is necessary for proper documentation and billing. There is at least one registration associate in the front lobby at all times. Tr. 45. Registration associates

⁸ A full list of the classifications in the existing unit at DHM appears at U. Exh. 1 at 231. The classifications explained in this section are only those that warrant further detail. Other classifications—namely, certified nursing assistants (CNAs), pharmacy technicians, phlebotomists, and transporters—interact with EDTs and contribute to my finding a community of interest between EDTs and the existing unit.

generate and print “face sheets,” which are forms with basic patient information that are necessary for certain tasks in the ED. EDTs must communicate with a registration associate to get a face sheet before placing a splint or providing durable medical equipment like crutches or a walking boot to patients. Tr. 74-75. Monitor techs must similarly request a face sheet from a registration associate when ordering ambulances to transport patients to a different facility or to their home. Tr. 75. EDTs must interact with registration associates to perform their tasks on a nightly basis. Tr. 97. Registration associates at DHM are included in the existing unit. U. Exh. 1 at 231.

E. Classification not at DHM but other Tenant Hospitals

Patient Sitter

At hearing, the witness who is employed as an EDT at DHM testified that she is not familiar with any employee at DHM with the job classification of “patient sitter” However, she is familiar with employees who sometimes perform work as a patient sitter (also known as a constant observer) by sitting with patients to monitor them closely. Tr. 54-56. This is required for patients that could be a danger to themselves or others, such as patients under a psychiatric hold or for patients who are confused and may remove vital medical equipment. Tr. 54. Emanuel Medical Center, another hospital covered by the CBA, has dedicated patient sitters that float to various departments and perform the same constant monitoring functions. U. Exh. 1 at 224, Tr. 117-18. At DHM, given that there are no dedicated patient sitters, EDTs are first in line to perform constant observer work in the ED. Tr. 99-100. If no EDTs are available, CNAs from other departments may float to the ED to perform the work. Tr. 54-56, 59, 99-100, 117. Occasionally, a Registered Nurse (RN) will sit with a patient in the ED if they need a higher level of one-on-one medical care. Tr. 56. The designation of “patient sitter” is included in the wage steps for DHM in the CBA. U. Exh. 1 at 231.

II. BOARD LAW ON *ARMOUR-GLOBE* ELECTIONS

An *Armour-Globe* self-determination election is the proper method by which a union may add unrepresented employees to an existing unit. *Warner-Lambert Co.*, 298 NLRB 993, 995 (1990). In determining whether such an election is appropriate, “it is necessary to determine the extent to which the employees to be included share a community of interest with unit employees, as well as whether the employees to be added constitute an identifiable, distinct segment so as to constitute an appropriate voting group.” *Id.* A self-determination election may be appropriate regardless of whether the petitioned-for employees may be found to be a separate appropriate unit. *Great Lakes Pipe Line Co.*, 92 NLRB 583, 584 (1950). The unit sought need not be the only, or even the most appropriate unit, so long as it constitutes an appropriate unit. See, e.g., *Overnite Transportation Co.*, 322 NLRB 723, 723 (1996).

Moreover, the Board has found that directing an *Armour-Globe* self-determination election is not contrary to the Health Care Rule even if it adds employees to an already nonconforming unit. *St. Vincent Charity Medical Center*, 357 NLRB 854 (2011).

When deciding whether employees share a community of interest, the Board considers whether the employees are organized into a separate department; have distinct skills and training; have distinct job functions and perform distinct work, including inquiry into the amount and type

of job overlap between classifications; are functionally integrated with the Employer's other employees; have frequent contact with other employees; interchange with other employees; have distinct terms and conditions of employment; and are separately supervised. *United Operations, Inc.*, 338 NLRB 123 (2002). The Board may also consider the relevant bargaining history. *Overnite Transp. Co.*, 322 NLRB 723, 724 (1996); *Kalamazoo Paper Box Corp.*, 136 NLRB 134, 137 (1962). All relevant factors should be weighed when determining whether a community of interest exists. No one factor is determinative or entitled to greater inherent weight. See, e.g., *Publix Super Markets*, 343 NLRB at 1027; *Bradley Steel, Inc.*, 342 NLRB 215; *Trumbull Memorial Hospital*, 338 NLRB 900; *United Operations, Inc.*, 338 NLRB 123.

While not a separate community of interest factor, the Board may also consider the diversity of job classifications and functions of the existing unit, where relevant. *Walt Disney Parks and Resorts, U.S.*, 373 NLRB No. 99, slip op. at 6, 11 (2024); *MV Transportation, Inc.*, 373 NLRB No. 8, slip op. at 6 fn. 28 (2023); *Public Service Co. of Colorado*, 365 NLRB 1017, 1017 fn. 4 (2017). In applying the community of interest test to self-determination elections and post-election unit-clarification proceedings, the Board has emphasized that the group sought to be added need not share a community of interest with the entire existing unit, or even a majority of the unit. Rather, it need only have a community of interest with at least a minority of the unit. See e.g., *MV Transportation, Inc.*, supra, slip op. at 7, citing *Public Service Co. of Colorado*, 365 NLRB at 1017. Each unit determination should foster efficient and stable collective bargaining. *Gustave Fisher, Inc.*, 256 NLRB 1069 (1981).

I. APPLICATION OF BOARD LAW TO THIS CASE

After examining the record as a whole, I find that the petitioned-for employees constitute a distinct and identifiable voting group and share a sufficient community of interest with the existing unit.

A. Emergency Department Technicians Constitute a Distinct and Identifiable Voting Group

The petitioned-for employees, all EDTs at DHM, are a distinct and identifiable segment of the Employer's unrepresented employees so as to constitute an appropriate voting group. The petition requests to add approximately seven EDTs employed at DHM to the existing unit, which includes all full time, regular part-time, and per diem Service & Maintenance and Business Office Clerical employees at DHM. There is no contention in the record that there are any other additional employees classified as EDTs at DHM who are not included in the petitioned-for voting group. The group of EDTs is neither an arbitrary nor a random grouping of employees. Rather, it is a group of employees in the same distinct job classification, who perform a distinct set of tasks, work in the same department at DHM, and have the same supervision. See *St. Vincent Charity Medical Center*, 357 NLRB 854, 855 (2011). EDTs report to Amanda Kennedy, the Employer's ED/ICU Clinical Manager, and Russell Hoagland, the Emergency Services & Critical Care Director. Tr. 46; U. Exh. 6.

The Petitioner seeks to add only EDTs at DHM and not all EDTs at the remaining signatory hospitals or all residual employees under an applicable Health Care Rule category.⁹ This is consistent with the parties' bargaining history as reflected in the CBA. The CBA establishes that EDTs at Emanuel Medical Center and Hi-Desert Medical Center are already represented by the Union, by facility by facility. U. Exh. 1 at 225, 226. In this context, it is clear that the parties have already accepted that there is a rational basis to group segments of the exiting unit by facility, and that EDTs may be addressed separately from other employee classifications.

The Board in *West Virginia*¹⁰ recognized that a Regional Director may direct a self-determination election to add employees to a preexisting unit employed by an acute care hospital even if the unit does not include all remaining unrepresented employees that fall within one of the eight units set forth in its Health Care Rules in Sec. 103.30(a). See *St. Vincent Charity Medical Center*, 357 NLRB 854, 856 (2011); see also *Rush University Medical Center v. NLRB*, 833 F.3d 202, 204-208 (D.C. Cir. 2016) (explaining that Sec. 103.30(c) of the Board's Health Care Rule applies by its terms only to a petition for additional units, and that an *Armour-Globe* self-determination election, by its nature, does not involve the creation of any "additional units" but rather "the inclusion of additional unrepresented employees in an already-existing unit"). It also recognized that a Regional Director may rely on the Board's appropriate unit/community of interest determinations in the Health Care Rule, even if the unit does not strictly conform to any of the designated health care units.

Therefore, adding only EDTs at DHM to the existing unit at DHM is not arbitrary. Such an addition aligns with the existing unit description, which is composed of different combinations of employee classifications at different hospital locations. See U. Exh. 1 at 2-4. It also aligns with the long-standing bargaining history that describes units by facility. Therefore, the petitioned-for employees constitute an appropriate voting group. See *St. Vincent Charity Med. Ctr.*, 357 NLRB at 855 (phlebotomists, while small, is neither an arbitrary nor a random grouping of employees); *Warner-Lambert Co.*, 298 NLRB at 995.

B. EDTs Share a Community of Interest with the Existing Unit at DHM

In examining whether there is a community of interest, no one factor is determinative or entitled to greater inherent weight. See, e.g., *Publix Super Markets*, 343 NLRB 1023, 1027 (2004); *Bradley Steel, Inc.*, 342 NLRB 215 (2004); *Trumbull Memorial Hospital*, 338 NLRB 900 (2003); *United Operations, Inc.*, 338 NLRB 123. I find a community of interest by weighing all the relevant factors below.

Organization of the Plant

An important consideration in any unit determination is whether the proposed unit conforms to an administrative function or grouping of an employer's operation. *International Paper Co.*, 96 NLRB 295, 298 fn. 7 (1951). In this case, the record shows that EDTs spend at least

⁹ Petitioner argued at hearing that the EDTs are not technical employees, and that they are appropriately categorized as nonprofessionals under the Health Care Rule. Tr. 151-52. It is unnecessary to pass on which category EDTs fall into because, as explained herein, Petitioner need not add all residual employees in that category.

¹⁰ *West Virginia University Hosp., Inc.*, Case 06-RC-319142, 2024 WL 726191 (2024).

80 percent of their working time in the Emergency Department, which is their primary assignment. The existing unit includes other classifications that are primarily assigned to or frequently perform work in the ED—namely, monitor technicians, registration associates, phlebotomists, transporters, and pharmacy technicians). Tr. 44-45, 87-88, 93; U. Exh. 1 at 231.

It is true that the Petitioner does not seek to represent all employees who work in the ED. However, at DHM, many classes of employees frequently float to different departments and come in and out of the ED (Tr. 87). Therefore, the Employer’s “departmental distinctions [are] relatively less important in the organization of the work force,” particularly because other community of interest factors weigh in favor of inclusion. *The Neiman Marcus Grp., Inc.*, 361 NLRB 50, 52 (2014). This is especially true in this acute-care hospital setting, where the Board favors units based on skill and job tasks, rather than strict adherence to an employer’s administrative grouping. See Health Care Rule Sec. 103.30(a). Indeed, where EDTs are included in the existing bargaining unit at other hospitals, the portions of the bargaining unit at those hospitals are not organized according to strict departmental lines. See U. Exh. 1 at 225, 226.

Therefore, this factor weighs neither in favor of nor against finding a community of interest with the existing unit.

Job Duties

Evidence that employees perform the same basic function or have the same duties, that there is a high degree of overlap in job functions or of performing one another’s work, or that disputed employees work together as a crew all support a finding of similarity of functions. Job duties need not be completely identical or interchangeable to weigh in favor of finding a community of interest. See *Walt Disney Parks & Resorts, U.S., Inc.*, 373 NLRB No. 99, citing *IKEA Distribution Services, Inc.*, 370 NLRB No. 109, slip op. at 11 (2021).

In this case, the job duties of EDTs at DHM overlap with the job duties of DHM employees in the existing unit, namely monitor techs. EDTs primarily perform hands-on work caring for patients by attaching monitoring devices, taking vitals, performing medical tests, splinting, assisting with catheter placement, assisting with blood draws, and assisting with conscious sedation, etc. Tr. 64-72. Monitor techs are primarily stationed at the charge desk to watch a screen displaying the vitals of patients in the ED. They also coordinate activities in the ED by answering the phone, answering call lights, connecting personnel with one another, and ordering ambulances. Tr. 45, 51-53, 136. However, EDTs also perform coordination and administrative duties by directing personnel around the ED and moving patients to their rooms when assigned. Tr. 69-70. Similarly, monitor techs may also perform hands-on care if a patient’s vitals go out of range by going to their room and checking on them. Tr. 53. Both EDTs and monitor techs are responsible for all the patients in the ED, not just a few patients assigned to them. Tr. 45, 56. Both use demographic face sheets in their respective roles and must interact with a registration associate to get them. Tr. 74-75. Both are responsible for ensuring that the ED has the materials required. Tr. 63-64. Both EDTs and monitor techs may contact environmental services to request that an environmental services worker perform cleaning tasks in the ED. 71-72.

In addition to overlapping with monitor techs, EDT duties overlap with CNAs, who are bargaining unit members. U. Exh. 1 at 231. Both EDTs and CNAs may perform patient sitting in a constant observer role, though usually in separate departments. Both EDTs and CNAs can float between departments when needed to do patient sitting, and do so approximately once per month. Tr. 73.

The substantial overlap in job functions between EDTs and employees in the existing unit, particularly monitor techs, weighs in favor of finding a community of interest.

Functional Integration

Functional integration refers to when employees' work constitutes integral elements of an employer's production process or business. Thus, for example, functional integration exists when employees in a unit sought by a union work on different phases of the same product or as a group provides a service. Evidence that employees work together on the same matters, have frequent contact with one another, and perform similar functions is relevant when examining whether functional integration exists. *Transerv Systems*, 311 NLRB 766 (1993).

In addition to their overlapping job duties, EDTs' work is functionally integrated with the work of many classifications in the existing unit. The ED functions as a crew, with EDTs and employees in the existing unit contributing to the Employer's goal of providing safe medical care to patients.

EDTs routinely assist unit employees with the performance of their duties. For example, EDTs assist phlebotomists with blood sample collection by holding a limb steady approximately two to three times per shift. Tr. 66-67. Such assistance, given the frequency and necessity, represents more than mere camaraderie at the workplace. *Cf. Maxim's De Paris Suite Hotel*, 285 NLRB at 378 (1987) (occasionally moving furniture and one-time movement of television sets in response to an earthquake were sporadic and did not represent a true overlap of job functions); *Omni International Hotel*, 283 NLRB 475 (1987) (employees assisting those in other departments with assembling shelves or construction of a kitchen bulletin board were sporadic and did not reveal overlap of job functions).

EDTs and employees in the existing unit routinely perform tasks that are different phases of the same patient care service. For example, EDTs bring blood and urine specimens to the lab for testing, particularly when a sample needs to be tested quickly. Tr. 67-68. A phlebotomist may draw the blood, an EDT take it to the lab, and another phlebotomist test the sample. In that instance, the EDT and phlebotomists "necessarily depend on each other to accomplish their respective tasks," evidencing functional integration. See *MV Transportation, Inc.*, 373 NLRB No.8, slip op. at 7; see also *Publix Super Markets, Inc.*, 343 NLRB at 1024-25; *Transerv Systems*, 311 NLRB 766. Similarly, monitor techs necessarily depend on EDTs to attach monitoring devices to patients. So too do transporters rely on EDT techs to detach monitoring devices from patients to allow them to be taken out of the ED. The EDT must then wait for the transporter to return the patient to the ED before reattaching the monitors once again. Tr. 70.

EDTs' daily tasks and contributions to patient care evidence a high degree of functional integration with the work of employees in the existing unit. This factor therefore weighs strongly in favor of finding a community of interest.

Contact Among Employees

Also relevant is the amount of work-related contact among employees, including whether they work beside one another. Thus, it is important to examine the amount of contact petitioned-for employees have with the existing unit. See e.g., *Casino Aztar*, 349 NLRB 603, 605-606 (2007). The Board has found an *Armour-Globe* election to be appropriate based primarily on a high degree of functional integration and contact between employees, even where other factors are neutral or weigh against inclusion in the existing unit. *Union Elec. Co.*, Case 14-RC-278595, 2021 WL 5447985 at fn. 1 (2021).

Record evidence shows a high degree of work-related contact between EDTs and employees included in the existing unit. Tr. 87-89. EDTs may check in with the monitor tech at the beginning of and throughout a shift to find out what's going on in the ED at that moment. Tr. 57. EDTs also interact with monitor techs to ensure that the ED is properly stocked with supplies. Tr. 63-64. EDTs scheduled for day shifts may also interact with materials management personnel when they restock the supply room. Tr. 63. EDTs interact frequently with registration associates when requesting face sheets for billing documentation. Tr. 74-75. EDTs communicate with phlebotomists at least two to three times per shift when assisting with blood draws and in taking samples to the lab. Tr. 66-68. EDTs interact with X-ray/radiology techs, on most shifts during conscious sedation procedures or a code blue emergency. Tr. 69, 80, 88. EDTs "very often" communicate with and assist transporters with finding and moving patients in and out of the ED. Transporters move patients in and out of the ED at between ten and fifteen times per shift. Tr. 70. EDTs have only occasional and limited contact with pharmacy techs, usually when pharmacy techs restock the medicine station that ED nurses pull medicine from. Tr. 78, 88. However, EDTs also interact with pharmacy during a code blue emergency. Tr. 80-81.

Taken together, EDTs have near constant communication with at least one member of the existing unit throughout their shifts. Almost every routine task for EDTs requires them to interact with bargaining unit personnel. This factor therefore weighs strongly in favor of finding a community of interest.

Interchangeability

Interchangeability refers to temporary work assignments or transfers between two groups of employees. Frequent interchange, particularly on a temporary basis, "may suggest blurred departmental lines and a truly fluid work force with roughly comparable skills." *Hilton Hotel Corp.*, 287 NLRB 359, 360 (1987). As a result, the Board has held that the frequency of employee interchange is a critical factor in determining whether employees who work in different groups share a community of interest sufficient to justify their inclusion in a single bargaining unit. *Executive Resource Associates*, 301 NLRB 400, 401 (1991), citing *Spring City Knitting Co. v. NLRB*, 647 F.2d 1011, 1015 (9th Cir. 1081).

In this case, the record reveals evidence of significant employee interchange between EDTs and the existing unit at DHM. Specifically, EDTs serve as temporary monitor technicians approximately once every week to two weeks. Tr. 98. EDTs also regularly perform patient sitter duties inside and outside the ED. EDTs float to other departments to perform patient sitting approximately once per month, or up to 20% of the time. Tr. 54, 73. The record does not specify how often EDTs perform sitting duties inside the emergency room, only that they are first in line for such duties. Tr. 55, 99-100. These repeated temporary assignments to bargaining unit roles or work constitute interchange and support finding a community of interest between EDTs at DHM and the existing unit.

The Nature of Employee Skills and Training

This factor examines whether the disputed employees can be distinguished from one another on the basis of skills and training. If they cannot be distinguished, this factor weighs in favor of including the disputed employees in one unit. Evidence that disputed employees have similar requirements to obtain employment; that they have similar job descriptions or licensure requirements; that they participate in the same Employer training programs; and/or that they use similar equipment supports a finding of similarity of skills. *Casino Aztar*, 349 NLRB 603; *J.C. Penney Company, Inc.*, 328 NLRB 766 (1999); *Phoenician*, 308 NLRB 826 (1992).

In this case, the record suggests but does not establish that EDTs have similar skills and training as existing unit employees. EDTs at DHM are required to have a high school diploma or an equivalent. They are not required to hold a college degree. Tr. 85, 156. They must hold an EMT certification, have completed at least the first semester of the clinical portion of a registered nursing program, hold a valid California CNA certification, or have at least six months of recent experience as an EDT. U. Exh. 3; Tr. 84. The record does not establish what skills or qualifications are required for any position at DHM in the existing unit. Monitor techs have some level of training or certification, but the record does not specify what particular training or certification is required. Tr. 139. Logic would dictate that a CNA would be required to hold a valid California CNA certification, but there is no witness testimony or documentary evidence to that effect.¹¹ The record does not detail what training registration associates, phlebotomists, transporters, pharmacy technicians, or any other employee in the existing unit must have, if any, to be considered for hire.

Given that the record is inconclusive about the skills and training required for any position in the existing unit at DHM, this factor weighs neither for nor against finding a community of interest.

Common Supervision

Another community-of-interest factor is whether the employees in dispute are commonly supervised. In examining supervision, most important is the identity of employees' supervisors who have the authority to hire, to fire or to discipline employees (or effectively recommend those actions) or to supervise the day-to-day work of employees, including rating performance, directing

¹¹ In fact, there is some suggestion in the record that there may also be non-certified nursing assistants in the existing unit. However, the record does not establish whether DHM employees any remaining nursing assistants in the legacy non-certified position. Tr. 136-37.

and assigning work, scheduling work, and providing guidance on a day-to-day basis. *Transerv Systems*, 311 NLRB 766 (1993); *Executive Resources Associates*, 301 NLRB 400, 402 (1991); *Sears, Roebuck & Co.*, 191 NLRB 398, 404–405 (1971). Common supervision weighs in favor of placing the employees in dispute in one unit. *United Operations*, supra at 125.

In this case, the record reveals that EDTs and DHM employees in the existing unit share common supervision. EDTs report to Amanda Kennedy, the Employer’s ED/ICU Clinical Manager, and Russell Hoagland, the Emergency Services & Critical Care Director. Tr. 46; U. Exh. 6. Kennedy approves and publishes the schedule for EDTs. 46-47. She also issues the schedules for all ED employees. Tr. 53, 98-99. Hoagland and Kennedy hold staff meetings for all individuals who work in the ED, including EDTs, monitor techs, registration associates, and RNs. Tr. 82-84.

For day-to-day supervision and direction during their shifts, EDTs report to the charge nurse on duty, as do the monitor techs. Tr. 48-53, 82. If there are new policies or procedures that apply to EDT duties, they are communicated via a “huddle sheet” that is posted on the wall next to the charge desk. ED employees must initial the huddle sheet to confirm that they have reviewed the policy. If someone does not initial the huddle sheet, the charge nurse will approach them in the ED to make sure that they have read the policy and initialed to confirm. This practice applies to all employees in the ED, including EDTs and monitor techs. Tr. 82.

EDTs and monitor techs in the existing unit perform their day-to-day work under the immediate direction of the same individuals. They also report to the same ultimate department supervisors, Russell Hoagland and Amanda Kennedy. They are subject to the same policies and procedures that apply to the ED as a whole. Therefore, the common supervision factor weighs strongly in favor of finding a community of interest with the existing unit.

Terms and Conditions of Employment

Terms and conditions of employment include whether employees receive similar wage ranges and are paid in a similar fashion (for example hourly); whether employees have the same fringe benefits; and whether employees are subject to the same work rules, disciplinary policies and other terms of employment that might be described in an employee handbook. *Bradley Steel, Inc.*, 342 NLRB 215; *United Rentals, Inc.*, 341 NLRB 540 (2004). Some differences in employment terms “may reasonably be expected in the *Armour-Globe* context” because unit employees’ terms have been obtained through the collective bargaining process. *Pub. Serv. Co. of Colo.*, 365 NLRB 1017 at fn. 4.

In the instant case, the record reveals that EDTs share common terms and conditions of employment with the existing unit at DHM. EDTs are paid per hour on a stepped system, as are employees in the existing unit. EDT wages at DHM are comparable to wages for DHM employees in the existing unit. U. Exh. 2 at 231; U. Exh. 7. The paid time off accrual schedule for EDTs is identical to the schedule for employees in the existing unit. U. Exh. 4. EDTs are entitled to receive benefits through the Tenet Employee Benefits Plan (TEBP), which provides options for medical, prescription, dental, and vision insurance; access to the Employee Assistance Program; the opportunity to contribute to Health Care and Dependent Care Flexible Spending Accounts; and options for various disability insurance plans. U. Exh. 2. All hospital employees, regardless of

whether they are represented by a labor organization, are entitled to receive benefits through the TEBP, so long as they meet other eligibility requirements. U. Exh. 2; Tr. 32-33.

EDTs work similar hours as existing unit employees, and their overlapping hours allow frequent contact, as detailed above. EDTs wear scrubs when working, as do all personnel who deal with patient care, including existing unit employees. Tr. 85, 93-94. All hospital employees must wear a badge that has their name and job title. Employees use the badge to gain access to various areas of the hospital. Tr. 59-60. Hourly employees also swipe their badge to clock in and out for their shifts and for lunch breaks. Tr. 90-91, 95. Hourly employees assigned to the ED swipe their badges at same time clock. Tr. 91. EDTs use a breakroom located next to the ED. The breakroom houses a limited supply of lockers that become available when staff turns over. Both EDTs and existing unit members, including registration associates, use the breakroom and the lockers. Tr. 42-43. All employees at DHM must receive a flu vaccine or have an exemption on file. Tr. 85. Both EDTs and members of the existing unit are subject to the same policies and procedures that apply to the ED. Both EDTs and monitor techs must read and sign new ED policies when they are announced. Tr. 82.

Because EDTs share substantial terms and conditions with employees in the existing unit, this factor weighs in favor of finding a community of interest.

Bargaining History

In determining the appropriateness of a bargaining unit, prior bargaining history—where present—is given significant weight. *Overnite Transp. Co.*, 322 NLRB 723, 724; *Kalamazoo Paper Box Corp.*, 136 NLRB 134, 137.

The bargaining history in this case is reflected in the CBA. It is true that the petitioned-for EDT employees at DHM have not historically been subject to the collective bargaining agreement covering the existing unit. However, the CBA clearly includes EDTs working at other hospitals in the existing unit. U. Exh. 1 at 225, 226.

The Employer argues that because the existing unit is a nonconforming unit under the Board's Health Care Rule, the petitioned-for EDTs do not share a community of interest with the existing unit. Bd. Exh. 1(f), Tr. 18-19. Such a claim is not supported by the community of interest analysis herein or extant Board law. To the contrary, the Board has found that "in connection with the Health Care Rulemaking, nonprofessionals at an acute care hospital have a presumptive community of interest with all other nonprofessionals." *St. Vincent Charity Med. Ctr.*, 357 NLRB at 855; 29 CFR § 103.30; see also *West Virginia University Hosp., Inc.*, Case 06-RC-319142, 2024 WL 726191 (2024) (extending presumption to other unit/community of interest determinations in the Health Care Rule). Adding the petitioned-for EDT employees at DHM to the existing unit, which includes EDTs at some hospitals but not others, would bring the petitioned-for unit "closer to a grouping sanctioned by the Rule." *St. Vincent Charity Med. Ctr.*, 357 NLRB at 856-57. A finding to the contrary would result in the proliferation of bargaining units, which both the Act and the Health Care Rule disfavor.

Community of Interest Conclusion

After examining the record as a whole and weighing the community of interest factors, I find that the petitioned-for EDTs at DHM share a community of interest with at least a portion of the existing unit at DHM. While not organized into a separate and coextensive department with DHM employees in the existing unit, both EDTs and unit employees work in the ED. Though not completely identical, EDT work overlaps significantly with that of monitor techs. See *Walt Disney Parks & Resorts, U.S., Inc.*, 373 NLRB No. 99, citing *IKEA Distribution Services, Inc.*, 370 NLRB No. 109, slip op. at 11 (2021). EDTs maintain frequent and close work-related contact with bargaining unit employees, and their work necessarily depends on that of bargaining unit employees. EDTs regularly assist unit employees with key patient care tasks or perform different steps of the same process. This shows a high degree of functional integration that is more than mere workplace camaraderie or merely sporadic overlap of job tasks. See *Maxim's De Paris Suite Hotel*, 285 NLRB at 378; *Omni International Hotel*, 283 NLRB 475. EDTs have near constant work-related contact with members of the existing unit when performing key patient care and logistical tasks in the ED. The Board has found an *Armour-Globe* election to be appropriate based primarily on a high degree of functional integration and contact between employees, even where other factors are neutral or weigh against inclusion in the existing unit. *Union Elec. Co.*, Case 14-RC-278595, 2021 WL 5447985 at fn. 1 (2021).

EDTs regularly receive temporary assignments to perform monitor tech duties. They are also regularly perform patient sitting, a bargaining unit role, though no employees currently have that job title at DHM. CNAs also perform patient sitting work, and EDTs frequently interchange with CNAs when needed to perform sitting work in departments in which they are not usually assigned.

The record does not establish the skills or training required for hire in any position in the existing unit, so this factor does not support finding a community of interest. EDTs are commonly supervised with monitor techs and are subject to the same policies and procedures common to the ED.

EDTs share common terms and conditions of employment with DHM employees in the existing unit. EDTs and unit employees are paid hourly on a stepped system and at relatively comparable rates. They earn paid time off on the same schedule and are entitled to receive benefits through the same Employer-sponsored health and disability insurance plans.

EDTs work similar hours as existing unit employees. EDTs, like all employees who provide patient care, must wear scrubs. They must also wear badges, just as all hospital personnel. They use their badges to clock in and out, and they use the same station as unit employees assigned to the ED to do so. EDTs and registration associates share common breakroom facilities and are entitled to use lockers when they become available.

The bargaining history in this case supports the inclusion of EDT employees at DHM. Though they have not historically been subject to the collective bargaining agreement, the current collective bargaining agreement includes EDT employees at other signatory hospitals. A unit that includes EDT employees at DHM is an appropriate unit. A finding to the contrary would result in

unnecessary proliferation of bargaining units, which would not foster efficient and stable collective bargaining.

Based on the above factors, I therefore find that the EDTs share a community of interest with the existing unit.

CONCLUSION

In determining that the petitioned-for EDTs constitute a distinct and identifiable segment of employees, and that they share a community of interest with the existing unit, I have concluded that the petitioned-for EDTs employees are an appropriate voting group. I conclude, therefore, that the unit sought by Petitioner is appropriate.

Based upon the entire record in this matter and in accordance with the discussion above, I conclude and find as follows:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.
2. The Employer is engaged in commerce within the meaning of the Act, and it will effectuate the purposes of the Act to assert jurisdiction herein.¹²
3. The Petitioner is a labor organization within the meaning of Section 2(5) of the Act and claims to represent certain employees of the Employer.
4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.
5. The following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act:

All full-time, part time, and per diem Emergency Department Technicians employed by the Employer, Doctors Hospital of Manteca, at its facility located at 1205 E. North St., Manteca, CA 95337; excluding employees already represented by a labor organization, guards, managers, and supervisors as defined in the Act.

If a majority of the valid ballots in the election are cast for the Petitioner, the employees in the above appropriate voting group will be deemed to have indicated their desire to be included in the existing unit of employees

¹² Doctors Hospital of Manteca, Inc. d/b/a Doctors Hospital of Manteca, a California corporation, with an office and place of business located in Manteca, California provides healthcare services. During the past twelve months, the Employer derived gross revenues in excess of \$250,000 and purchased and received goods or services valued in excess of \$5,000 which originated outside the State of California.

currently represented by the Petitioner, and it shall bargain for those employees as part of that unit. If a majority of the valid ballots are cast against representation, the employees will be deemed to have indicated their desire to remain unrepresented, and I will issue a certification of results of election to that effect.

DIRECTION OF ELECTION

The National Labor Relations Board will conduct a secret ballot election among the employees in the unit found appropriate above. Employees will vote whether or not they wish to be represented for purposes of collective bargaining by Service Employees International Union - United Healthcare Workers West.

A. Election Details

The election will be held on Thursday, March 19, 2026, from 6:30 a.m. to 7:30 a.m. and 10:00 a.m. to 10:30 a.m. at the Employer's premises, Administrative Conference Room, located at 1205 E. North St. Manteca, CA 95337.

B. Voting Eligibility

Eligible to vote are those in the unit who were employed during the payroll period ending March 7, 2026, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. In a mail ballot election, employees are eligible to vote if they are in the unit on both the payroll period ending date and on the date they mail in their ballots to the Board's designated office.

Employees engaged in an economic strike, who have retained their status as strikers and who have not been permanently replaced, are also eligible to vote. In addition, in an economic strike that commenced less than 12 months before the election date, employees engaged in such strike who have retained their status as strikers but who have been permanently replaced, as well as their replacements, are eligible to vote. Unit employees in the military services of the United States may vote if they appear in person at the polls.

Ineligible to vote are (1) employees who have quit or been discharged for cause since the designated payroll period, and, in a mail ballot election, before they mail in their ballots to the Board's designated office; (2) striking employees who have been discharged for cause since the strike began and who have not been rehired or reinstated before the election date; and (3) employees who are engaged in an economic strike that began more than 12 months before the election date and who have been permanently replaced.

C. Voter List

As required by Section 102.67(l) of the Board's Rules and Regulations, the Employer must provide the Regional Director and parties named in this decision a list of the full names (that employees use at work), work locations, shifts, job classifications, and contact information

(including home addresses, available personal email addresses, and available home and personal cell telephone numbers) of all eligible voters.

To be timely filed and served, the list must be *received* by the regional director and the parties by **March 11, 2026**. The list must be accompanied by a certificate of service showing service on all parties. **The region will no longer serve the voter list.**

Unless the Employer certifies that it does not possess the capacity to produce the list in the required form, the list must be provided in a table in a Microsoft Word file (.doc or docx) or a file that is compatible with Microsoft Word (.doc or docx). The first column of the list must begin with each employee's last name and the list must be alphabetized (overall or by department) by last name. Because the list will be used during the election, the font size of the list must be the equivalent of Times New Roman 10 or larger. That font does not need to be used but the font must be that size or larger. A sample, optional form for the list is provided on the NLRB website at www.nlr.gov/what-we-do/conduct-elections/representation-case-rules-effective-april-14-2015.

When feasible, the list shall be filed electronically with the Region and served electronically on the other parties named in this decision. The list may be electronically filed with the Region by using the E-filing system on the Agency's website at www.nlr.gov. Once the website is accessed, click on **E-File Documents**, enter the NLRB Case Number, and follow the detailed instructions.

Failure to comply with the above requirements will be grounds for setting aside the election whenever proper and timely objections are filed. However, the Employer may not object to the failure to file or serve the list within the specified time or in the proper format if it is responsible for the failure.

No party shall use the voter list for purposes other than the representation proceeding, Board proceedings arising from it, and related matters.

D. Posting of Notices of Election

Pursuant to Section 102.67(k) of the Board's Rules, the Employer must post copies of the Notice of Election accompanying this Decision in conspicuous places, including all places where notices to employees in the unit found appropriate are customarily posted. The Notice must be posted so all pages of the Notice are simultaneously visible. In addition, if the Employer customarily communicates electronically with some or all of the employees in the unit found appropriate, the Employer must also distribute the Notice of Election electronically to those employees. The Employer must post copies of the Notice at least 3 full working days prior to 12:01 a.m. of the day of the election and copies must remain posted until the end of the election. For purposes of posting, working day means an entire 24-hour period excluding Saturdays, Sundays, and holidays. However, a party shall be estopped from objecting to the nonposting of notices if it is responsible for the nonposting, and likewise shall be estopped from objecting to the nondistribution of notices if it is responsible for the nondistribution. Failure to follow the posting requirements set forth above will be grounds for setting aside the election if proper and timely objections are filed.

RIGHT TO REQUEST REVIEW

Pursuant to Section 102.67 of the Board's Rules and Regulations, a request for review may be filed with the Board at any time following the issuance of this Decision until 10 business days after a final disposition of the proceeding by the Regional Director. Accordingly, a party is not precluded from filing a request for review of this decision after the election on the grounds that it did not file a request for review of this Decision prior to the election. The request for review must conform to the requirements of Section 102.67 of the Board's Rules and Regulations.

A request for review must be E-Filed through the Agency's website and may not be filed by facsimile. To E-File the request for review, go to www.nlr.gov, select E-File Documents, enter the NLRB Case Number, and follow the detailed instructions. If not E-Filed, the request for review should be addressed to the Executive Secretary, National Labor Relations Board, 1015 Half Street SE, Washington, DC 20570-0001, and must be accompanied by a statement explaining the circumstances concerning not having access to the Agency's E-Filing system or why filing electronically would impose an undue burden. A party filing a request for review must serve a copy of the request on the other parties and file a copy with the Regional Director. A certificate of service must be filed with the Board together with the request for review. Neither the filing of a request for review nor the Board's granting a request for review will stay the election in this matter unless specifically ordered by the Board.

Dated: March 9, 2026



Christy J. Kwon
Regional Director
National Labor Relations Board
Region 32
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