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

DOCTORS HOSPITAL OF TENET HEALTH D/B/A DOCTORS HOSPITAL OF MANTECA

Employer

and **Case 32-RC-396733**

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 among the petitioned-for employees of Doctors Hospital Manteca, Inc. D/B/A Doctors Hospital of Manteca (the Employer or DHM) to determine whether they want to join the existing bargaining unit represented by Service Employees International Union-United Healthcare Workers West (the Petitioner).

The Petitioner currently represents a single multi-facility and multi-employer bargaining unit of employees who perform their duties at seven hospitals in California that are part of the Tenet Healthcare system (the Unit). The collective bargaining agreement (CBA) covering the Unit describes the Unit by listing the included and excluded groups or classifications in each facility. [2]

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

[2] The Unit is defined in the CBA as follows:

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…, Employees of outside… 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…, employees of outside… agencies supplying labor to the Employer and already represented Employees.

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

Petitioner Exhibit (Pet. Exh.) 1 at 2-4. There is no overarching unit description that spans all seven hospitals.

On October 8, 2026, the Petitioner filed the instant petition seeking an *Armour-Globe* self-determination election to add to the Unit approximately 27 full-time, part-time, and per diem employees at the Employer's 1205 E. North St., Manteca CA, 95337 facility in the following classifications:

> Certified Surgical Technologist, Surgical Technologist, Surgical Technologist 1, Surgical Technologist 2, Anesthesia Technologist, Certified Sterile Processing Technologist, Sterile Processing Technologist, and Endoscopy Technologist.

The Employer maintains that the Petition should be dismissed because it seeks to add employees to a non-cognizable bargaining unit and therefore the petitioned-for employees do not

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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…, employees of outside… 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;
Excluding all other employees, confidential employees, physicians, residents, central business office employees…, 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… 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…, employees of outside… 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…, employees of outside… agencies supplying labor to the Employer and already represented Employees.

constitute a distinct and identifiable unit and do not share a community of interest with the existing unit.[3]

A hearing officer of the Board held a hearing in this matter on October 19, 2026. The parties orally provided closing statements on the record. I have carefully considered the evidence and arguments presented by the parties, along with relevant legal precedent, and have determined that the petitioned-for employees constitute an appropriate voting group and share a community of interest with the existing unit. Therefore, I find that the enlarged unit sought by the Petitioner through an *Armour-Globe* election is appropriate.

I. FACTS

A. The Employer's Operations and Bargaining History

The Employer, DHM, is a 73-bed acute care hospital that provides an array of medical services.[4] DHM also operates an off-site surgery center. Transcript ("Tr.") 41.[5]

As explained above, the collective bargaining agreement (CBA) between the Petitioner and the Employer covers employees who work at seven 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 level, and certain provisions cover only employees of certain facilities. See generally Pet. Exh. 1.

At each hospital, the Unit includes service and maintenance employees, at a minimum, and some facilities include other groups or classifications of employees. Five of the seven hospitals include technical employees included in the Unit.[6] The existing Unit is therefore nonconforming

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[3] At the hearing, the Hearing Officer advised the parties that the Region will take administrative notice of the Decision and Direction of Election issued on March 9, 2026, in Case 32-RC-379650 (request for review denied by the Board on Sept. 1, 2026). In Case 32-RC-379650, the Petitioner sought an *Armour-Globe* election to add Emergency Department Technicians employed by Doctors Hospital of Manteca to the existing Unit. As noted in that Decision, at the hearing for that case, the Employer clarified 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.

I also take administrative notice of the Decision and Direction of Election issued on February 6, 2026 in Case 32-RC-376933 (request for review denied by the Board on Sept. 1, 2026). In that case, the Petitioner sought an *Armour-Globe* election to add housekeeping/environmental services (EVS) employees employed by Doctors Hospital of Manteca to the existing Unit.

[4] *Doctors Hosp. of Manteca*, 32-RC-376933, Decision and Direction of Election ("DDE") issued Feb. 6, 2026, at 3*; Doctors Hosp. of Manteca,* 32-RC-379650, DDE issued March 9, 2026, at 3.

[5] Citations to the transcript are included for reference purposes and are not necessarily exclusive or exhaustive. My findings and conclusions are based upon consideration of the entire record.

[6] Technical employees at these hospitals are included in the Unit: Desert Regional Medical Center, Doctors Medical Center of Modesto, Emanuel Medical Center, John F. Kennedy Memorial Hospital, and Hi-Desert Medical Center.

under the Board's Health Care Rule, 29 CFR § 103.30 (the Rule), because it includes some but not all of the employees belonging to the categories established in the Rule.

Relevant to the petitioned-for classifications, the CBA shows that Surgical Techs[7] at Desert Regional Medical Center ("DRMC"), Emanuel Medical Center ("EMC"), Hi-Desert Medical Center ("HDMC"), and John F. Kennedy Memorial Hospital ("JFK") are included in the Unit.[8] Anesthesia Technologists ("Anesthesia Techs") at DRMC, EMC, and Doctors Hospital of Modesto ("Modesto") are included in the Unit. Sterile Processing Techs[9] at DRMC and HDMC are included in the Unit.[10] Endoscopy Techs at Modesto are included in the Unit.[11] Pet. Exh. 1 at 220-36.

DHM employees included in the existing Unit include certified nursing assistants, monitor technicians, patient sitters, phlebotomists, housekeeping/environmental services employees (EVS), and emergency department technicians (EDTs).[12]

B. Surgical Services Department

The petitioned-for employees are part of the Employer's surgical services department, which is overseen by Brianne Serpa, the Director of Surgical Services. Tr. 25-26.

Surgical Techs are responsible for preparing operating rooms before surgical procedures, including wiping down the room and preparing the instruments to be used in the surgery. They assist during surgical procedures by assisting nurses with positioning patients, passing instruments

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[7] I will refer to the Certified Surgical Technologist, Surgical Technologist, Surgical Technologist 1, Surgical Technologist 2 classifications collectively as "Surgical Techs." No evidence was presented indicating that there are relevant distinctions between these classifications.

[8] "OR Techs" are included in the Unit at Doctors Medical Center of Modesto. It is unclear from the record whether this position is similar to Surgical Techs, but the fact that Surgical Techs work in the OR suggests they are the same or similar positions.

[9] I will refer to the Certified Sterile Processing Technologist and Sterile Processing Technologist classifications collectively as "Sterile Processing Techs." No evidence was presented indicating that there are relevant distinctions between these classifications.

[10] The Unit includes "Tech-Central SVCS" at EMC and JFK. Pet. Exh. 1 at 224, 229. The record suggests that these positions may be similar to Sterile Processing Techs. See, e.g., Tr. at 28 (witness using "sterile processing and central processing" to refer to the same thing), Pet. Exh. 1 at 175 (listing "Central Sterile Techs" as eligible for Agency Pay at EMC).

[11] The Unit includes "Tech-GI LAB" employees at DRMC and "Tech-GI" at EMC. Pet. Exh. 1 at 222, 225. There is no evidence in the record regarding the duties of "GI Techs" but the record suggests this may be another name for Endoscopy Techs. *See, e.g.,* Pet. Exh. 1 at 137 (including "GI Lab" in the surgical services department at the Employer).

[12] I take administrative notice of the Certification of Results of Election in Case 32-RC-379650, issued on March 31, 2026, which certified the Petitioner as the representative of Emergency Department Technicians at the DHM facility as part of the existing bargaining unit. I also take administrative notice of the Certification of Results of Election in Case 32-RC-376933, issued on March 5, 2026, which certified the Petitioner as the representative of Housekeeping and EVS employees at the DHM facility as part of the existing bargaining unit. Except for these recent additions to the Unit, a list of the classifications at DHM that are included in the existing Unit can be found in the CBA. Pet. Exh. 1 at 231.

to the doctor, and may cut sutures. Surgical Techs assemble materials needed for the next day's surgeries and remove expired supplies. Surgical Techs report to a manager named J.D., who reports to Director Serpa. Some Surgical Techs assist with surgeries at the surgery center in addition to the main hospital. Tr. 42-43.

Endoscopy Technologists ("Endo Techs") are responsible for preparing the scopes and other equipment that doctors use to conduct endoscopy procedures. Like Surgical Techs, they are in the room during endoscopy procedures and hand instruments to the doctor. Tr. 54-55. Endo Techs are supervised directly by Director Serpa and report to Manager J.D. when Director Serpa is not available. Tr. 48-49. Surgical Techs may perform the work of Endo Techs, but Endo Techs do not perform the work of Surgical Techs. Tr. 52.

After surgeries or endoscopy procedures, the Surgical Techs or Endo Techs take the used equipment to designated areas so that Sterile Processing Techs can decontaminate and sterilize the equipment. Tr. 23, 50. Sterile Processing Techs' primary work areas are located within the Operating Room area of the hospital, but they also transport instruments to the surgery center to run equipment through the washer there before returning the equipment to the hospital for sterilization. Tr. 61. Sterile Processing Techs are supervised by Rey Lafe, the sterile processing manager, who reports to Serpa, the Director of Surgical Services. Tr. 33, 63.

The position of Anesthesia Tech was vacant at the time of the hearing. This position is also under the Director of Surgical Services. Tr. 33. The Anesthesia Tech works in the operating room with the surgical team. Tr. 30-31.

II. BOARD LAW

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).

When determining 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). In addition, in self-determination cases, "the diversity of the existing unit may be relevant to consider generally." *Wheatland Electric Coop., Inc.,* 357 NLRB No. 16, slip op. at 3 (2026) (citing *Walt Disney Parks & Resorts, U.S., Inc.,* 373 NLRB No. 99 (2024)).

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.

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, the petitioned-for employees 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).

With respect to acute care hospitals, the Board has held that a self-determination election is not contrary to the Health Care Rule when the petitioner seeks to add classifications to an existing non-conforming unit, even if those classifications comprise only part of a category that is partially included in the existing non-conforming unit. *St. Vincent Charity Medical Center*, 357 NLRB 854, 854 (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").

III. ANALYSIS

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. The Petitioned-For Employees Constitute an Appropriate Voting Group

The record reflects that the petitioned-for employees constitute an identifiable, distinct segment of employees that is not an arbitrary or random grouping. The petitioned-for classifications are located within the Employer's surgical services department, work in the same operating room area, and fall under the director of surgical services (although some petitioned-for classifications have intermediary supervisors, as discussed above, those supervisors report to the director of surgical services). *See, e.g., St. Vincent Charity Med. Ctr.,* 357 NLRB at 855 (finding phlebotomists to be a distinct, identifiable segment of the employer's unrepresented employees where they were employed in a single department, worked in the same physical location, and shared supervision). Therefore, I find that the petitioned-for employees constitute an appropriate voting group.

B. The Petitioned-For Employees Share a Community of Interest with the Existing Unit

I find that the petitioned-for employees share a community of interest with employees in the existing Unit because they fall within the same Health Care Rule category as existing Unit employees. In addition, there is a sufficient community of interest because the existing Unit

includes employees in the same classifications at other facilities. In the alternative, consideration of the traditional community of interest factors also supports finding a sufficient community of interest to direct the requested *Armour-Globe* election.

1. The Health Care Rule and Classifications in the Existing Unit

The Employer asserts that the petitioned-for employees do not share a community of interest with the existing Unit because the existing unit does not conform to the Health Care Rule. As noted above, the Board has held that a self-determination election is not barred by the Health Care Rule when a petitioner seeks to add classifications to an existing non-conforming unit. Moreover, the Board has found that a presumptive community of interest exists merely because the petitioned-for employees fall within the same Health Care Rule category as employees in the existing unit. For example, in *St. Vincent Charity Medical Center*, the Board held that the petitioned-for phlebotomists had a community of interest with the nonprofessional employees in the existing unit because "nonprofessionals at an acute care hospital have a presumptive community of interest with all other nonprofessionals." 357 NLRB at 855.[13] Thus, the Board's decision in *St. Vincent* makes it clear that "in determining whether the employees in a petitioned-for voting group share a community of interest with employees in the preexisting unit, the Board 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 units set forth in Sec. 103.30(a)." *West Virginia University Hosp.,* Case 06-RC-319142, 2024 WL 726191 (Feb. 20, 2024).

In the instant matter, the petitioned-for employees are either technical employees or nonprofessional employees under the Health Care Rule. *See, e.g., Mercy Catholic Medical Center,* 365 NLRB 1834 (2017)(noting that operating room technicians have been categorized as technical employees "when their work is of a technical nature involving the use of independent judgment, and they possess specialized training acquired through special courses or schooling."); *Children's Hosp. of Pittsburg,* 222 NLRB 588, 594 (1976)(finding sterilization technicians were not technical employees where they only received on-the-job training). Because the existing Unit includes both technical and nonprofessional (i.e. "service and maintenance") employees, the petitioned-for employees have a presumptive community of interest with employees in the Unit. In fact, the Board recently made this observation in another case involving the same parties. *Doctors Hosp. of Manteca*, 32-RC-376933, unpub. Board order issued Sept. 1, 2026 at fn. 1 (2026 WL 2594005) (finding the petitioned-for EVS employees and CNAs in the existing unit share a community of interest because they are both nonprofessional employees under the Health Care Rule).

Similarly, as noted above, the existing Unit includes employees in each of the petitioned-for classifications at other facilities. While there is no evidence in the record regarding these employees at the other facilities, presumably their jobs are similar to the jobs of the petitioned-for employees who share the same job titles in the same hospital system. The Employer put forth no evidence to contradict this conclusion. In addition, as noted by the Board in denying the Employer's request for review in the recent case which resulted in this facility's Emergency Department Technicians being added to the Unit, the Board has approved self-determination elections for a specific classification at a single facility where the existing multi-location

[13] Moreover, the Board noted that it did not matter whether the phlebotomists were categorized as nonprofessional employees or technical employees, presumably because the existing unit also included technical employees. *St. Vincent,* 357 NLRB at 85854, fn. 6.

collective-bargaining agreement indicates that employees in that classification have been included in the multi-facility unit on a facility-by-facility basis. *Doctors Hosp. of Manteca,* supra, citing *NLRB v. Am. Printers & Lithographers*, 820 F. 2d 878, 885-886 (7th Cir. 1987).

For the above reasons, I find that the petitioned-for employees share a sufficient community of interest with the Unit.

2. Community of Interest Factors

In the alternative, examining the community of interest factors also leads me to conclude that the petitioned-for employees share a community of interest with the existing unit. 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 and Supervision

These factors consider whether the proposed unit conforms to an administrative function or grouping of an employer's operation and whether the employees in dispute are commonly supervised.

As noted above, the petitioned-for classifications all reside in the Employer's surgical services department, primarily perform their work in the Employer's operating room area, and share common supervision at the level of the Director of Surgical Services. The record does not reflect that existing Unit employees reside in the same department or share supervision with the petitioned-for employees. However, the existing Unit spans multiple departments and functions, such as emergency department technicians in the emergency department and environmental service employees who work in departments across the hospital.[14] Because of this diversity within the existing unit, that the petitioned-for employees appear to comprise a separate department and do not share supervision with existing Unit employees at DHM is entitled to less weight. See *Walt Disney Parks & Resorts, U.S., Inc.,* 373 NLRB No. 99, slip op. at 6, fn. 20 (2024). Therefore, I find these factors are neutral.

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).

[14] *Doctors Hosp. of Manteca*, 32-RC-376933, DDE issued Feb. 6, 2026; *Doctors Hosp. of Manteca,* 32-RC-379650, DDE issued March 9, 2026.

One Surgical Tech completed a 14-month education program, but it is unclear if this is strictly required for the position. Tr. 45. It is also unclear whether any Surgical Techs have an external certification despite "Certified Surgical Technologists" being one of the petitioned-for Surgery Tech classifications. One Endo Tech testified that he did not have prior education for his position but received six months of on-the-job training at a previous job. Tr. 53, 56. The Sterile Processing Tech who testified explained that he attended a three-month educational program and had to pass a national board examination, but it is unclear whether all Sterile Processing Techs must possess have that certification. Tr. 67. There is no evidence regarding the training of Anesthesia Techs.

These training requirements are similar in duration to those required of Unit Emergency Department Technicians (EDTs) at DHM. EDTs 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.[15] While the petitioned-for employees' skills and training can be distinguished, this similarity in the level of training required of the petitioned-for positions and the EDT position indicates a community of interest. Therefore, this factor weighs in favor of finding a community of interest.

Job Duties and Function, including Job Overlap

Evidence that employees perform the same basic function or have the same duties or that there is a high degree of overlap in job functions or of performing one another's work, supports finding a community of interest. Job duties need not be completely identical or interchangeable to weigh in favor of finding a community of interest; the relevant question is whether the sought employees "perform functions that are generally similar" to unit employees. *Walt Disney Parks & Resorts,* 373 NLRB No. 99, slip op. at 8.

The record reflects some degree of job overlap or sharing of duties between Surgical Techs and Unit EVS/Housekeeping employees in that Surgical Techs are supposed to help EVS clean the rooms after a surgery is complete. One Surgical Tech testified that she helps EVS turnover rooms after nearly every surgery. Tr. 30. EDTs similarly are responsible for turning over patient rooms in the emergency department.[16]

Similar to how Surgical Techs and Endo Techs are responsible for assembling the equipment needed for a procedure, Unit EDTs are responsible for ensuring that supply carts are stocked. In addition, like Surgical Techs and Endo Techs, who assist with surgical and endoscopic procedures, Unit EDTs are directly involved in patient care. For example, EDTs assist with collecting blood samples and resetting bones.[17]

Unit EVS employees are responsible for cleaning and sanitizing patient care rooms,[18] which is similar in function to Sterile Processing Techs cleaning and sterilizing equipment.

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[15] *Doctors Hosp. of Manteca,* 32-RC-379650, DDE issued March 9, 2026, at 4.
[16] *Id.* at 5.
[17] *Id.* at 4-5.
[18] *Doctors Hosp. of Manteca*, 32-RC-376933, DDE issued Feb. 6, 2026, at 4.

Overall, I find that the evidence on this factor weighs in favor of finding a community of interest between the petitioned-for employees and the existing Unit.

Interchange

Interchange refers to temporary work assignments or transfers between two groups of employees. While there is evidence of interchange among the petitioned-for employees, there is no evidence in the record of interchange between the petitioned-for employees and existing Unit employees. Therefore, this factor weighs against a shared community of interest.

Contact Among Employees

This factor considers how much work-related contact exists among employees, including whether they work beside one another. Here, the record establishes that the petitioned-for employees have daily communication with EVS employees regarding the cleaning of the rooms in which they work. Tr. 30, 51, 64-65. Occasionally, but not daily, Surgical Techs interact with Unit phlebotomists. Tr. 31. Thus, the record reflects some work-related contact with Unit employees. Therefore, I find that this factor weighs in favor of a community of interest.

Functional Integration

Functional integration is present where employees "must work together and depend on one another to accomplish their tasks." *Wheatland Electric*, 375 NLRB No. 16, slip op. at 3 (quoting *MV Transportation, Inc*., 373 NLRB No. 8, slip op. at 7, fn. 24 (2023)). The record reflects significant functional integration among the petitioned-for employees, but evidence establishing functional integration with the existing Unit is limited to EVS employees. The petitioned-for employees rely on EVS employees to clean the rooms they use to perform their jobs, which in turn further the Employer's provision of surgical and endoscopic procedures to patients. I find this minimal evidence of functional integration weighs only slightly in favor of finding a community of interest.

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.

The petitioned-for employees share common terms and conditions of employment with existing Unit employees. They are paid hourly as are Unit EDTs and EVS employees. Like Unit EDTs and EVS employees, the petitioned-for employees are provided with uniform scrubs by the Employer. Tr. 45, 46, 53-54, 66. Surgical Techs, Endo Techs, and Sterile Processing Techs attend the same orientation as all hospital employees regarding hospital-wide policies and procedures and complete annual training about hospital-wide policies. Tr. 32-33, 52-53, 66-67.

Overall, record evidence establishes the petitioned-for employees share some similar terms and conditions of employment with the existing Unit. Lack of evidence regarding other terms and

conditions of work does not rebut these similarities. This factor therefore 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. While it is true that the petitioned-for employees at DHM have not historically been subject to the CBA covering the existing Unit, the CBA clearly covers employees in the same classifications who work at other facilities in the existing Unit. This supports a finding of community of interest. Moreover, adding the petitioned-for employees to the existing Unit through a self-determination election, which includes the same classifications at other hospitals, would appear to bring the Unit "closer to a grouping sanctioned by the Rule" as discussed in *St. Vincent Charity Med. Ctr.*, 357 NLRB at 856-57.

Community of Interest Conclusion

After examining the record as a whole and weighing the community of interest factors, I find that the petitioned-for employees at DHM share a community of interest with at least a portion of employees in the existing Unit at DHM. Specifically, the petitioned-for employees have similar training requirements and job functions as Unit EDTs, have some overlap in job duties with Unit EVS employees, have some similar job functions as Unit EVS employees, and have regular contact with Unit EVS employees. In addition, the petitioned-for employees have some functional integration with Unit EVS employees and some similar terms and conditions of employment with Unit employees. The bargaining history between the parties also supports finding a community of interest. Accordingly, I find that the petitioned-for employees share a sufficient community of interest with the existing unit.

IV. CONCLUSION

I have carefully weighed the record evidence and the arguments of the parties, and I conclude that it is appropriate to hold a self-determination election to allow the petitioned-for employees to choose whether to join the existing bargaining unit.

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.[19]

[19] The parties stipulated to the following commerce facts: 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

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. No collective bargaining agreement covers the employees in the petitioned-for voting group and no other bar exists to conducting an election.

6. The following employees of the Employer constitute a voting group 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 Certified Surgical Technologists, Surgical Technologists, Surgical Technologists 1, Surgical Technologists 2, Anesthesia Technologists, Certified Sterile Processing Technologists, Sterile Processing Technologists, and Endoscopy Technologists employed by the Employer, Doctors Hospital of Manteca, Inc., 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.
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> 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 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, November 19, 2026,** from 6:30-7:30 a.m., 10:30-11:30 a.m., and 2:00-3:30 p.m. at the Administrative Conference Room, 1205 E. North St., Manteca, California.

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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.

B. Voting Eligibility

Eligible to vote are those in the unit who were employed during the payroll period ending **Saturday, October 31, 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 Tuesday, November 17, 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.nlrb.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.nlrb.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.nlrb.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: November 13, 2026



Christy J. Kwon
Regional Director
National Labor Relations Board
Region 32
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Oakland, CA 94612-5224