**UNITED STATES OF AMERICA**
**NATIONAL LABOR RELATIONS BOARD**

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| RADNET MANAGEMENT, INC. | : | 21-RC-226166 |
| | : | Unit J-2: West Coast |
| *and* | : | Radiology – South Coast |
| | : | |
| NATIONAL UNION OF HEALTHCARE WORKERS | : | |

# ATTACHMENTS TO EMPLOYER'S REQUEST FOR REVIEW OF THE REGIONAL DIRECTOR FOR REGION 21's OCTOBER 10, 2018 DECISION AND DIRECTION OF ELECTION AND FEBRUARY 19, 2019 DECISION ON OBJECTIONS AND NOTICE OF HEARING

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March 12, 2019

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OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 21

In the Matter of:

Radnet Management, Inc., Case No. 21-RC-226166

Employer,

and

National Union of Healthcare
Workers,

Petitioner.

_____

_____

Place: Los Angeles, California

Dates: August 31, 2018

Pages: 1 through 81

Volume: 1

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**UNITED STATES OF AMERICA**

**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**REGION 21**

| In the Matter of:<br><br>RADNET MANAGEMENT, INC.,<br><br>EMPLOYER,<br><br>and<br><br>NATIONAL UNION OF HEALTHCARE WORKERS,<br><br>PETITIONER. | Case No. 21-RC-226166 |
|---|---|

The above-entitled matter came on for hearing, pursuant to notice, before **STEPHEN W. SIMMONS**, Hearing Officer, at the National Labor Relations Board, Region 21, 888 South Figueroa Street, 9th Floor, Los Angeles, California 90017, on **Friday, August 31, 2018, 2:14 p.m.**

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1 **I N D E X**

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| 3 WITNESS | DIRECT | CROSS | REDIRECT | RECROSS | VOIR DIRE |
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1 **E X H I B I T S**

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| 3 EXHIBIT | IDENTIFIED | IN EVIDENCE |
|---|---|---|
| 4 **Board:** | | |
| 5 B-1(a) through 1(e) | 6 | 6 |
| 6 B-2 | 20 | 20 |
| 7 **Employer:** | | |
| 8 E-1 | 18 | 18 |
| 9 E-2 | 19 | 19 |
| 10 **Union:** | | |
| 11 U-1 | 45 | 61 |
| 12 U-2 | 62 | 65 |
| 13 U-3 | 65 | 68 |
| 14 U-4 | 68 | 76 |

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1 **P R O C E E D I N G S**

2 HEARING OFFICER SIMMONS: The hearing will be in order.

3 This is a formal hearing in the matter of RadNet

4 Management, Incorporated, case number 21-RC-226166, before the

5 National Labor Relations Board. The Hearing Officer appearing

6 for the National Labor Relations Board is Stephens Simmons.

7 Will the counsel please state their appearance for the

8 record? The Petitioner?

9 MS. HOFFMAN: Florice Hoffman for the Petitioner.

10 HEARING OFFICER SIMMONS: Okay.

11 MS. MENDOZA: Sophia Mendoza for the Petitioner.

12 HEARING OFFICER SIMMONS: Okay. For the Employer?

13 MR. CARMODY: Good afternoon, Mr. Hearing Officer. Bryan

14 Carmody for the Employer.

15 MS. HENDIZADEH: Leeron Hendizadeh.

16 HEARING OFFICER SIMMONS: Are there any other appearances?

17 Let the record show no further response.

18 Are there any other persongs, parties, or labor

19 organizations in the hearing room who claim an interest in the

20 proceedings?

21 Let the record show no further response.

22 I now propose to receive the formal papers. They have been

23 marked for identification as Board Exhibits 1(a) through 1(e),

24 being an index and description of the entire exhibit (sic).

25 The exhibit has already been shown to all parties.

1 Are there any objections to the receipt of the exhibits --
2 of these exhibits into the record?
3 Hearing no objections, the formal papers are received into
4 evidence.
5 **(Board Exhibit Number 1(a) through 1(e) Received into Evidence)**
6 HEARING OFFICER SIMMONS: Are there any motions to
7 intervene in these proceedings to be submitted to the Hearing
8 Officer for a ruling by the Regional Director at this time?
9 Are the parties aware of any other employers or labor
10 organizations that have an interest in these proceedings?
11 The Hearing Officer hears no response.
12 Are there any pre-hearing motions, for example, motions to
13 quash subpoenas --
14 MS. HOFFMAN: Yes.
15 HEARING OFFICER SIMMONS: -- made by any party that need to
16 be addressed at this time?
17 MS. HOFFMAN: Yes.
18 HEARING OFFICER SIMMONS: Okay.
19 MS. HOFFMAN: I have a motion to revoke the subpoenas.
20 HEARING OFFICER SIMMONS: All right.
21 MR. CARMODY: Mr. Hearing Officer?
22 HEARING OFFICER SIMMONS: Yes.
23 MR. CARMODY: Opposing counsel beat me to the bunch there
24 in terms of preliminary motions. I do think there's something
25 that's a logical antecedent to this petition to revoke,

1 something I think I mentioned off the record now I'd like to
2 make a matter of record. That's the showing of interest.
3 HEARING OFFICER SIMMONS: Um-hum.
4 MR. CARMODY: We believe that in a case of this kind where
5 the petitioned for unit is a multifacility unit, that the Act
6 and recent Board case law requires the Petitioner to submit a
7 showing of interest with respect to each site that comprises
8 the multifacility petition. In support of that petition --
9 position, rather, we would rely upon Section 9(b) of the Act.
10 As I'm sure you're aware, that provision of the Act requires
11 the Board to make unit determinations -- I'm quoting now -- "in
12 order to assure to employees the fullest freedom in exercising
13 the rights guaranteed by the Act," closed quote.
14 In PCC Structurals, Inc., 365 NLRB No. 160, a 2017 case,
15 the Board emphasized that this part of Section 9(b) that I just
16 referenced is one of the benchmarks that must guide the Board
17 in making unit determinations.
18 And so for these reasons, we would respectfully request
19 that the Region review the showing of interest and represent or
20 not, as the case may be, that the Petitioner has submitted a
21 showing of interest with respect to every center that now is a
22 part of the stipulation, attachment A, to what is now in
23 evidence as Board Exhibit 2. Thank you.
24 HEARING OFFICER SIMMONS: Okay. Do you have anything to
25 say on the record, Ms. Hoffman?

1 MS. HOFFMAN: The showing of interest is an administrative
2 determination. And if the Board finds that the multilocation
3 units are appropriate, the Union would have the right to -- at
4 that time to perfect a showing of interest at all the
5 locations.
6 In addition, the subpoenas are broader than just the
7 showing of interest. They seek the identities of all employee
8 contact with the organizer, his calendars, his emails, whatever
9 information he used in the campaign. So obviously that
10 relevance -- those issues are totally irrevelant -- irrelevant,
11 and the showing of interest information that it seeks from the
12 Union, again, is not relevant to these proceedings or to any
13 issue that's going to be litigated in these proceedings. And
14 all are protected under the Act.
15 HEARING OFFICER SIMMONS: Mr. Carmody, do you have a
16 response to that?
17 MR. CARMODY: I do. Thank you, Mr. Hearing Officer.
18 The response that I would add at this moment in time is
19 that to the extent that counsel's remarks just now pertain to
20 the petition to revoke subpoenas my client served recently, all
21 of that is premature. The first issue, first and foremost,
22 pending now before the Regional Director is whether or not he
23 will agree with our position in terms of what's required at
24 this point in time in terms of the showing of interest. So we
25 believe that issue needs to be decided now.

1 HEARING OFFICER SIMMONS: Well, I haven't consulted with
2 him yet, but off the top of my head, I mean, the way I recall
3 it, it's -- what the petitioned for unit is what the Region
4 seeks a showing an interest. In the event that the Region
5 finds something alternatively, then they have 48 hours to
6 correct.
7 Now, I mean, I haven't read PCC Structurals in details
8 (sic), but can you elaborate on its applicable to the
9 situation?
10 MR. CARMODY: It is applicable only -- as you probably will
11 recall, Mr. Hearing Officer, that case arose from different
12 facts. It did have a different focus in particular dealing
13 with the old ruling of specialty healthcare, as I'm sure you
14 didn't know. The relevance of that case to this proceeding to
15 this petition is really what I mentioned a moment ago, which is
16 the current Board's emphasis on this language from Section 9(b)
17 of the Act I quoted before, in terms of that being one of the
18 benchmarks. This is a word that I recall being used
19 specifically by the Board in PCC Structurals. 9(b), fullest
20 freedom possible, that's one of the benchmarks that must guide
21 the Board when making unit determinations under Section 9 of
22 the Act.
23 HEARING OFFICER SIMMONS: I got it.
24 Do you want to respond to the issue of relevance that
25 Ms. Hoffman raised prior to me inquiring to the RD, or would

1 you prefer that I wait to address that?

2 MR. CARMODY: I -- it's argued that I -- I would like to

3 address the issue of the subpoena. I think we need to address

4 it in a way that is far more specific than what counsel just

5 did.

6 HEARING OFFICER SIMMONS: Um-hum.

7 MR. CARMODY: But again, I think it is first necessary to

8 get the determination. We've raised a challenge of the showing

9 of the interest, and the Regional Director may or may not agree

10 with me, but I think the time for that decision is now.

11 HEARING OFFICER SIMMONS: Okay.

12 MR. CARMODY: Respectfully.

13 HEARING OFFICER SIMMONS: Let's go off the record, and I'll

14 confer with the RD.

15 (Off the record at 2:22 p.m.)

16 HEARING OFFICER SIMMONS: The Region has administratively

17 determined that the Petitioner has sufficient showing of

18 interest to proceed. Moreover, if the Region determines that

19 an election should be held in a separate unit other than the

20 petitioned for unit, the Petitioner would have two business

21 days to remedy any deficiencies in the showing of interest for

22 any of the separate units.

23 MR. CARMODY: Just very quickly, Mr. Hearing -- that

24 doesn't quite address our objection. Our objection is that

25 regardless of whether this petition may be broken up down the

1 road, the multifacility unit into separate units, which is what
2 you just addressed --
3 HEARING OFFICER SIMMONS: Um-hum.
4 MR. CARMODY: -- when you are seeking if they're
5 successful, in particular, in obtaining a multifacility unit,
6 that's -- that -- those are the circumstances in which -- and
7 those circumstances exist right now, of course, that the
8 showing of interest needs to be checked in the way that I just
9 described.
10 HEARING OFFICER SIMMONS: Well, it would be akin to an
11 employer seeking to expand the unit. We wouldn't require the
12 Petitioner to give us a showing of interest for what the
13 Employer would be -- the Employer would be seeking. And
14 similarly, with a smaller unit or the separate units, we are
15 not going to require it now.
16 MR. CARMODY: Okay. I'd respectfully disagree with that
17 analogy, but I'm satisfied with the record as we have it now.
18 HEARING OFFICER SIMMONS: Okay.
19 MR. CARMODY: So thank you.
20 HEARING OFFICER SIMMONS: So now with regards to the
21 relevancy arguments that I think Ms. Hoffman raised in her
22 motion, did you want to address that now?
23 MR. CARMODY: Thank you. So do you have a copy of the
24 subpoena, Mr. Hearing Officer?
25 HEARING OFFICER SIMMONS: Yes, I do.

1 MR. CARMODY: Okay. So I think it makes sense to look at
2 the subpoena that was served on the custodian of records
3 because those requests are really reiterated in the subpoena
4 duces tecum that was served on Mr. Clayton.
5 HEARING OFFICER SIMMONS: Okay.
6 MR. CARMODY: So -- and this goes back to something I think
7 we had talked about before, which is the community of interest
8 analysis that the Board will apply when you have a
9 multifacility petitioned for unit, as we do here. Among those
10 factors, we have extended organization and employee choice.
11 Those are the factors that were listed by the Board in
12 Exemplar, Inc., 363 NLRB No. 157. That case was decided 2016,
13 and actually applied by this Region quite recently. A decision
14 and direction of election that was issued March 13th of last
15 year, Sharp HealthCare, case number 21-RC-190094.
16 One thing that I want to make very clear for the record is
17 we are not seeking -- it is not the Employer's intention to
18 obtain the identity of any employee who has supported the --
19 showing of interest. That is not something we have any
20 interest in knowing about. However, we do have a right, given
21 the legal analysis as I've just described it, to explore extent
22 of organization. And one of the ways that you would do that is
23 to see whether or not the Union has been organizing in all of
24 the centers that are encompassed by the petition.
25 And so you, Mr. Hearing Officer -- and this is request

1 number one -- have -- or at least the Region does -- the
2 showing of interest. You have now the initial list of
3 employees that was submitted yesterday, and you'd be in a
4 position to essentially do an in camera review -- this is what
5 we're asking of you -- and to inform us after you go through
6 the list of the folks who supported the showing of interest,
7 comparing them to their work locations, we would have
8 information that would be probative of extent of organization,
9 which is one of the factors that the Board will consider.
10 In terms of request number two, we're looking for the names
11 of the organizers. It -- hang on. Yes. Number two. The only
12 organizer I think that we know of in the case at hand is
13 Mr. Clayton, and that's why he was subpoenaed. But there may
14 be others. And they would have knowledge of the extent of
15 organization. We'd like to have their names. So if they're
16 not -- if the Petitioner doesn't agree to produce them
17 voluntarily, we can subpoena them for testimony.
18 I think you'll see, hopefully with the benefit of this
19 explanation, why the other requests are relevant as well, but
20 I'll touch upon it briefly. In number three, we're looking for
21 calendars for the folks who worked for the Union and engaged in
22 the organizing efforts. We want to know -- we're entitled to
23 know where these folks were engaged in their organizing
24 activity. Was it in all of the centers, was it only some of
25 the centers. Probative of extent for organization.

1 Number four, receipts. That's going to be probative of
2 taxis. You get taxi receipts that show going back and forth
3 from one place. Meals being concentrated in one location.
4 That has a reasonable connection to extent of organization.
5 Number five, it's the same explanation. The same
6 explanation for number six. I can elaborate if you'd like, but
7 I think it will be clear --
8 HEARING OFFICER SIMMONS: Um-hum.
9 MR. CARMODY: -- how that applies.
10 And then number seven is something -- and here also, this
11 is true with six, but also seven -- we -- if there's any risk
12 that the identity of an employee could be disclosed in the
13 production of these documents, we don't want them. We want you
14 to have those for an in camera review, and to provide us with
15 information that's going to be probative of extent of
16 organization.
17 And with number seven, employee choice, that is something
18 which is, as I mentioned a moment ago, also one of the factors
19 that the Board will look to. And if there are documents that
20 the Union is in possession of that reflect employee sentiments
21 in terms of whether they want to be in one big bargaining unit
22 with their co-workers at these other centers or choose to be
23 with only their co-workers at their home center, that is
24 absolutely relevant to this analysis.
25 So these documents, put simply in summary form, they're

1 relevant to the factors the Board looks to when a union
2 petitions for a unit like this. They're factors that this
3 Region just over a year ago applied. And the privilege issues
4 that the Union may have we believe can be addressed fairly and
5 effectively with the in camera inspection as necessary. Thank
6 you.
7 HEARING OFFICER SIMMONS: Ms. Hoffman, do you have anything
8 else to say that hasn't already been said in your motion to
9 revoke?
10 MS. HOFFMAN: Let me just say that the main factor here is
11 the interchangeability of the employees between the Employer
12 locations, and the fact that they're seen as one region. But
13 he -- the Employer can ask the employees when they testify why
14 they want to be in multiple locations, if he wishes. But what
15 the Union has in terms of that is not relevant to these
16 proceedings. And I think it's a gross overreach of the factor
17 of the extent of organizing in this particular case.
18 HEARING OFFICER SIMMONS: Okay. Mr. Carmody, do you have a
19 rebuttal?
20 MR. CARMODY: Just very briefly.
21 She did not state the law correctly. That the -- the
22 interchange is not the key factor. I'm not aware of any Board
23 case that stands for that holding. And the fact that -- and
24 that's something we can brief down the road. But I want the
25 record to be clear that we have a different view of how the

1 analysis works.

2 In terms of the right that I would have to ask questions of

3 the employee witnesses if the Union will call it, I appreciate

4 the invitation, and likely will take her up on it, but that

5 misses the point entirely. We're entitled to all evidence

6 that's probative, whether it comes from the witness on the

7 stand, whether it comes from documents that they possess.

8 That's the point. And if it's probative, the fact that we have

9 other alternatives is beside the point.

10 HEARING OFFICER SIMMONS: All right. Anything else? All

11 right.

12 MR. CARMODY: No, sir.

13 HEARING OFFICER SIMMONS: Off the record.

14 (Off the record at 2:57 p.m.)

15 HEARING OFFICER SIMMONS: Go back on the record.

16 Okay. After review of the motion to revoke, the Region has

17 granted the motion. Assuming the proper -- assuming proper

18 service, the requested information is not relevant to the

19 question concerning representation raised by the Petitioner.

20 Moreover, the requested info pertaining to the showing of

21 interest in support of the petition is an administrative matter

22 for the Region and is not subject to litigation in the

23 proceedings.

24 MR. CARMODY: Then I just want to be very clear about one

25 thing given the response as you've just phrased it --

1 HEARING OFFICER SIMMONS: Um-hum.

2 MR. CARMODY: -- this information in these subpoenas is
3 being pursued because the Board's community of interest
4 analysis for a petition such as this one, a multifacility unit,
5 expressly and consistently reviews extent of organization and
6 employee choice. So to the extent we're looking into showing
7 of interest, it is only because of how it links with those
8 factors.

9 HEARING OFFICER SIMMONS: The showing of interest was in
10 reference to the previous arguments -- or statements you had
11 made after I had announced the decision with regards to -- the
12 Region's decision not to proceed with the individual showing of
13 interest per each site.

14 So I believe you wanted to admit the subpoenas next?

15 MR. CARMODY: Well, what probably would make sense I think,
16 Mr. Hearing Officer, is to put -- I'm happy to put the
17 subpoenas into evidence. And so I've got sufficient copies to
18 do that. But I'm thinking, and especially in light of the
19 Regional Director's ruling --

20 HEARING OFFICER SIMMONS: Um-hum.

21 MR. CARMODY: -- you're going to want to have the petition
22 to revoke in the record as well. But that --

23 HEARING OFFICER SIMMONS: You can do that later.

24 MR. CARMODY: It's up to you. Okay.

25 HEARING OFFICER SIMMONS: Okay.

1 MR. CARMODY: Okay. So I'm going to put the subpoenas --
2 both subpoenas duces tecum in the record as Employer Exhibit 1.
3 HEARING OFFICER SIMMONS: Okay. Do you have --
4 MR. CARMODY: I'm sorry?
5 HEARING OFFICER SIMMONS: Do you have copies right now?
6 MR. CARMODY: I do.
7 HEARING OFFICER SIMMONS: Ms. Hoffman, do you have any
8 objection?
9 MS. HOFFMAN: No.
10 HEARING OFFICER SIMMONS: Okay. All right. Hearing no
11 objection -- well, hearing no objections, the Employer
12 Exhibits -- as subpoena one -- Employer Exhibit -- correction.
13 Hearing no objections, the Employer's subpoenas are entered
14 into evidence as Employer Exhibit 1.
15 **(Employer Exhibit Number 1 Received into Evidence)**
16 HEARING OFFICER SIMMONS: Ready?
17 MR. CARMODY: And Employer Exhibit 2, Mr. Hearing Officer,
18 will be the subpoena duces tecum served on Peta (sic), if I'm
19 pronouncing that correctly, Clayton.
20 HEARING OFFICER SIMMONS: Okay. Ms. Hoffman, any
21 objections?
22 MS. HOFFMAN: No.
23 HEARING OFFICER SIMMONS: Okay.
24 MS. HOFFMAN: It's Pete Clayton.
25 MR. CARMODY: Pete?

1 MS. HOFFMAN: Um-hum.

2 MR. CARMODY: Pete.

3 HEARING OFFICER SIMMONS: Hearing no objections, the

4 document is received as Employer Exhibit Number 2.

5 **(Employer Exhibit Number 2 Received into Evidence)**

6 HEARING OFFICER SIMMONS: Any more, Mr. Carmody?

7 MR. CARMODY: No.

8 HEARING OFFICER SIMMONS: Okay.

9 MR. CARMODY: Those are the only two subpoenas targeted by

10 the petition.

11 HEARING OFFICER SIMMONS: Okay. Are there any other pre-

12 hearing motions that need to be addressed at this time?

13 MS. HOFFMAN: No.

14 HEARING OFFICER SIMMONS: Mr. Carmody?

15 MR. CARMODY: We would ask you to sequester witnesses,

16 Mr. Hearing Officer.

17 HEARING OFFICER SIMMONS: Can I hear your reason why for

18 requesting sequestration?

19 MR. CARMODY: The reason it would happen in any proceeding.

20 You do have the discretion, as I'm sure you're aware, to do it.

21 I think it's for the sake of the integrity of the record. I

22 get the sense there's quite a few folks who are ready to

23 testify this afternoon. And particularly to the extent that

24 the subject matter, the testimony is going to be similar from

25 witness to witness to witness, these are the reasons why in any

1 way case witnesses are sequestered. And we ask this proceeding
2 before you, that it be treated in the same manner.
3 HEARING OFFICER SIMMONS: Well, as I'm sure you're all
4 aware, that -- the RC hearing nonadversarial, and rarely do we
5 grant this request. So I'm going to deny it. Anything else?
6 MR. CARMODY: We disagree that -- I understand that there
7 is Board publications that style these proceedings as
8 nonadversarial, and we'd respectfully disagree with such a
9 characterization. Thank you.
10 HEARING OFFICER SIMMONS: Okay. Anything else?
11 MR. CARMODY: No, sir.
12 HEARING OFFICER SIMMONS: Okay. The parties to this
13 proceeding have executed a document which is marked as Board
14 Exhibit 2. That exhibit contains a series of stipulations,
15 including, among other things, that the Petitioner is/are a
16 labor organization within the meaning of the Act, there is no
17 contract bar, and that the Employer meets the jurisdictional
18 standards of the Board.
19 Are there any objections to the receipt of Board Exhibit 2?
20 MS. HOFFMAN: No objection.
21 MR. CARMODY: No objection.
22 HEARING OFFICER SIMMONS: Hearing no objections, Board
23 Exhibit 2 is received into evidence.
24 **(Board Exhibit Number 2 Received into Evidence)**
25 HEARING OFFICER SIMMONS: Okay. Ms. Hoffman, are you aware

1 of any collective bargaining history with the petitioned for
2 units?
3 MS. HOFFMAN: No.
4 HEARING OFFICER SIMMONS: Mr. Carmody, are you aware of any
5 collective bargaining history for the petitioned for unit?
6 MR. CARMODY: It depends how you define it. What I can --
7 the answer to that question would be we have an intention, as
8 part of our evidence on the scope of the unit dispute, to offer
9 evidence in support of what is described as the bargaining
10 history factor connected to the community of interest analysis
11 that the Board applies in cases of this kind.
12 HEARING OFFICER SIMMONS: Okay. Ms. Hoffman, are you aware
13 of any petitions pending in any other offices involving the
14 facilities of the Employer?
15 MS. HOFFMAN: No.
16 HEARING OFFICER SIMMONS: Mr. Carmody?
17 MR. CARMODY: No, sir.
18 HEARING OFFICER SIMMONS: Okay. The parties are reminded
19 that prior to the close of the hearing, the Hearing Officer
20 will solicit the parties' positions on the type, dates, times,
21 and locations of the election and eligibility period, including
22 most recent payroll ending date and any applicable eligibility
23 formulas, but will not permit litigation of those issues. The
24 Hearing Officer will also inquire as to the need for foreign
25 language ballots and notice of election. Please have the

1 relevant information with respect to these issues available at
2 that time.
3 The parties have been advised that the hearing will
4 continue from day to day, as necessary, until completed unless
5 the Regional Director concludes that extraordinary
6 circumstances warrant otherwise.
7 The Employer has completed and I have marked for
8 identification as Board Exhibit 1(d), a statement of position
9 in this matter. As both parties have stipulated, there is no
10 objections to that, receiving it into record.
11 Mr. Carmody, can you please state what issues you believe
12 are relevant to this proceeding?
13 MR. CARMODY: Okay. I'll try --
14 HEARING OFFICER SIMMONS: And can you please number them so
15 I can follow along?
16 MR. CARMODY: Okay. Well, one second.
17 HEARING OFFICER SIMMONS: When we spoke off the record, I
18 believe that related to the rules of RC hearing, the showing of
19 interest for each site, which we've already addressed, the
20 multifacility issue, and the exclusion of if Fernandez, Orense,
21 and several other job classifications. So three issues
22 remaining.
23 MR. CARMODY: I'm sorry. Your question was are there any
24 other issues?
25 HEARING OFFICER SIMMONS: Oh, I'm just summarizing it, but

1 I mean --

2 MR. CARMODY: Summarizing?

3 HEARING OFFICER SIMMONS: Yeah.

4 MR. CARMODY: What I'd like to do with your permission,

5 Mr. Hearing Officer, is just go through them just for the sake

6 of a clear record.

7 HEARING OFFICER SIMMONS: Okay.

8 MR. CARMODY: And you asked to number them, so I'll do

9 that.

10 The first issue that we have raised in the statement of

11 position and intend to litigate during the course of this

12 hearing are whether certain job classifications within the

13 petitioned for unit meet the statute's definition of guards

14 under Section 9(b)(3) of the Act. I don't think there would be

15 any dispute that this -- the Petitioner admits to membership

16 nonguards. And so under Section 9(b)(3) of the Act, they can't

17 seek to represent guards.

18 The job classifications that we see as statutory guards are

19 listed in the statement of position, but for the sake of the

20 record, I'll note they are lead MRI technologists, MRI

21 technologists, nuclear medicine technologists, nuclear medicine

22 slash PET technologists.

23 We also intend to assert this guard argument, if you will,

24 with respect to some employees who work in the job

25 classification of a multimodality tech, but only to the extent

1 if, as part of the modalities, MRI is one of them. And to our
2 current knowledge, the folks who fit into this category that I
3 just described are two; Brittany Fernandez and Angel Orense, if
4 I'm pronouncing that name correctly. So that's the guard
5 issue, and it's to manifestations.
6 HEARING OFFICER SIMMONS: Okay.
7 MR. CARMODY: I guess that's issue one, A1.
8 Issue two would be the scope of the unit. And we've talked
9 about that already I think. It's our position that the
10 petitioned for unit being a multifacility is not appropriate.
11 It is the -- it's clear Board law that when someone is
12 seeking -- when a labor organization is seeking a multifacility
13 unit, there is no presumption of appropriateness. The burden
14 is on them to establish it. So we would intend, if and when
15 necessary, to offer evidence in support of our position that if
16 an election should happen here at all, they should happen at
17 the separate sites; the employees at those sites deciding for
18 themselves whether or not they wish to be represented by this
19 labor organization.
20 We've talked already about the showing of interest. I
21 won't belabor that point. You mentioned I think -- Mr. Hearing
22 Officer, we do challenge -- this a facial challenge to the
23 Board's revised rules. We believe that they're violative of
24 numerous different laws and public policies. Because it is a
25 facial challenge, we have no intention or need to put evidence

1 into the record. It is instead something we would intend to
2 brief, whether at the close of the record or in a written post-
3 hearing brief, submitted for your consideration.
4 HEARING OFFICER SIMMONS: Okay.
5 MR. CARMODY: We also have the issue of if there's going to
6 be separate elections at separate centers, we don't think that
7 Anaheim X-Ray West, I think is the name of the center, should
8 be one of them because there is only one technical employee
9 there who, as a matter of Board law, cannot constitute an
10 appropriate bargaining unit. We seek to litigate -- this being
11 another issue, Mr. Hearing Officer -- as opposed to simply
12 making statements from counsel, we seek to put into a record
13 evidence that is probative of election details. In this case,
14 the focal point being mail versus manual elections.
15 HEARING OFFICER SIMMONS: So that would be item four then,
16 the litigation of election details?
17 MR. CARMODY: Yes, sir.
18 HEARING OFFICER SIMMONS: Okay.
19 MR. CARMODY: And we did have in our statement of position
20 reference to locations that need to be excluded, but I think
21 we've resolved those. It took a while --
22 HEARING OFFICER SIMMONS: Yes.
23 MR. CARMODY: -- but I think we were successful as
24 revolving those issues. And I think that's a full and faithful
25 summary of the statement of position as it was filed and served

1 yesterday.

2 HEARING OFFICER SIMMONS: Okay. Before I ask Ms. Hoffman

3 her position, the Region would like an offer of proof with

4 regards to the 9(b) allegation -- 9(b)(3) assertation (sic).

5 MR. CARMODY: Okay. I had understood today -- in fact, you

6 told me that there was already a determination that that would

7 be one of the two litigated issues. Has the Regional Director

8 reconsidered that determination?

9 HEARING OFFICER SIMMONS: I am not aware of his decision at

10 the moment, but I have been instructed to seek an offer of

11 proof.

12 MR. CARMODY: Okay. Are you ready, Mr. Hearing Officer?

13 HEARING OFFICER SIMMONS: Yes.

14 MR. CARMODY: Mr. Hearing Officer, if given the

15 opportunity, we would present evidence during this proceeding

16 to show that MRI technologists and nuclear medicine

17 technologists, nuclear med/PET technologists, these job

18 classifications are individuals who meet the definition of a

19 guard as set forth by Section 9(b)(3) of the Act. The same

20 would be true with the two individuals who I mentioned before

21 working as multimodality techs and offering MRI services.

22 Section 9(b)(3) of the Act states that the Board is

23 precluded from approving any bargaining unit that includes,

24 together with other employees, any individual who's employed as

25 a guard to enforce against employees and other persons rules

1 that protect the property of the employer, protect the safety
2 of persons on the premises. 9(b)(3) prevents any labor
3 organization that either represents employees other than guards
4 or is affiliated with any other labor organization that
5 represents employees other than guards from itself representing
6 a bargaining unit of guards.
7 Our evidence would prove that the MRI technologists and the
8 nuclear med technologists are guards within the meaning of the
9 Act, and therefore the petition should be dismissed.
10 With regard to the specific evidence that we'll present,
11 and specifically now with respect to MRI technologists, we will
12 present evidence that demonstrate that MRI technologists are
13 the only employees in the facilities who are tasked with
14 maintaining the security of certain portions of the Employer's
15 premises, and namely, that's the two zones in particular that
16 surround the MRI machine.
17 HEARING OFFICER SIMMONS: I'm going to pause you. Can you
18 repeat that one time? MRIs are the only one tasked with what?
19 MR. CARMODY: MRI technologists are the only employees in
20 the facilities who are tasked with maintaining the security of
21 certain portions of the Employer's premises, and namely, the
22 two zones that surround the MRI machine.
23 MRI technologists police entry to the room containing the
24 MRI machine and also the room directly outside the MRI machine
25 because the MRI machine itself is an incredibly powerful magnet

1 whose magnetic forces are present in the room at all times. As
2 a result, if any metal object enters the room containing the
3 MRI machine, the results could be harmful to entirely
4 catastrophic. We have examples of times when the guard
5 function was not fulfilled by an MRI technologist that resulted
6 in the death of a patient.
7 MRI technologists enforce the security of the room that
8 contains the MRI machine. They have the authority to remove
9 people from the room or the general area. They have the
10 ability to report to police any individual who refuses to leave
11 the area. If, in the judgment of the MRI technologist, they
12 need to clear an area for the safety of employees or visitors,
13 they have the authority to clear or evacuate that area.
14 And the MRI technologists not only protect the employees
15 and visitors from physically entering a room where the machine
16 is, but also protect them from the effects of the MRI machine.
17 It's a very power magnet, as I said before. It's kept cool
18 with cryogen. And if it's not kept cool, it can explode, which
19 would obviously be catastrophic.
20 Turning now to nuclear med technologists. Here also we'll
21 present evidence that they perform guard duties. Nuclear
22 medicine technologists are the sole group of employees required
23 to protect the locked and secured area of the facility. This
24 area of the facility is where nuclear medicine is practiced.
25 Nuclear medicine involves the administration of radioactive

1 isotopes to patients.

2 These radioactive sources are stored within a locked area

3 within a locked area. You have a locked unit and then a locked

4 room within that unit known as the hot lab. The only employees

5 who have access to that area are the nuclear medicine

6 technologists, and they bring patients back and escort them

7 through. They're the only ones with access to the hot lab,

8 which is where the radioactive material is actually stored.

9 They're the only ones who can enter that part of the area.

10 They have to prevent entry into that area, the hot lab, by any

11 other visitor or employee because of how strictly enforced

12 radioactive material is. They have to make sure that the

13 unauthorized removal of the radioactive sources doesn't occur.

14 And this is not just actually a theoretical application,

15 but in fact, our evidence will show a recent incident where

16 there was actually a man trying to gain access to these rooms

17 in order to take radioactive materials out. Part of the

18 function of the nuclear medicine technologist would be to

19 prevent that individual from accessing that area for the safety

20 of not only employees and patients, but also the general

21 public.

22 Additionally, nuclear medicine technologists have to

23 monitor and guide the patients who themselves have been

24 injected with radioactive isotopes. Those individuals have to

25 be closely monitored within the Employer's facilities. These

1 individuals are themselves, once injected, radioactive. They
2 have to stay within the locked area. They are not to interact
3 with other patients who could have a dangerous or harmful
4 effect for those other patients, particularly, for example,
5 women who are pregnant and in the facility for ultrasound. So
6 those patients who are in the nuclear medicine department are
7 monitored and prevented from exiting the nuclear medicine
8 department by the nuclear medicine technologists.
9 Furthermore, they actually take those patients out through
10 a separate exit to avoid their interaction, because, again,
11 they are radioactive. And if the hot lab itself, which is
12 where the radioactive isotopes are stored, if there is -- if
13 that is in any way compromised hereto, the nuclear medicine
14 technologist is the individual who's responsible for evacuating
15 the facilities in that event.
16 This evidence we think is clearly relevant to the Regional
17 Director's determination concerning whether these individuals
18 are guards within the statutory meaning of the Act. This is
19 particularly true where the case law illustrates that the most
20 important factor to that determination is whether or not these
21 employees enforce rules against other employees and against
22 visitors for the protection and safety of patients and
23 employees and the Employer's premises. And for these reasons,
24 we believe we should be permitted to enter evidence and
25 litigate this issue. And I also have a written offer of proof

1 that at some point I'd like to put into the record.
2 HEARING OFFICER SIMMONS: Okay. Who will you be calling to
3 testify to the --
4 MR. CARMODY: We would have at least one witness, who is a
5 physician, who is the individual who wrote the Employer's -- so
6 the witness we have in mind, Mr. Hearing Officer, is a medical
7 doctor who has essentially written the safety rules as they
8 pertain to the Employer and as they pertain to these job
9 classifications. He possesses personal knowledge of the work
10 duties of these job classifications and the enforcement of the
11 safety rules.
12 HEARING OFFICER SIMMONS: Can you repeat that last
13 statement one more time? Has personal knowledge of what?
14 MR. CARMODY: Of the work duties for these job
15 classifications and the enforcement of the safety rules as they
16 pertain to MRI and nuclear medicine.
17 HEARING OFFICER SIMMONS: Any other witnesses?
18 MR. CARMODY: We reserve the right to call other witnesses,
19 but that would be at least one witness. And regardless of one
20 or more than one, the testimony will be consistent with the
21 offer of proof as I've just put into the record.
22 HEARING OFFICER SIMMONS: Okay. So overall, I have four
23 issues I think that we've laid out from the Employer's
24 standpoint. The 9(b)(3) issue, the scope, the revised rules,
25 and then the election details.

1 MR. CARMODY: And the issue of the one center having the
2 one technical employee, which would not, as a matter of law,
3 constitute an appropriate bargaining unit.
4 HEARING OFFICER SIMMONS: Okay. Without saying for
5 certain, I think that may get pulled into the scope of the
6 multiunit, but we'll --
7 MR. CARMODY: You can put it wherever you'd like, as long
8 as we --
9 HEARING OFFICER SIMMONS: Okay.
10 MR. CARMODY: -- get a chance to litigate it.
11 HEARING OFFICER SIMMONS: Okay. Ms. Hoffman --
12 MS. HOFFMAN: Yes?
13 HEARING OFFICER SIMMONS: -- what is your position with
14 respect to the issues raised by the Employer?
15 MS. HOFFMAN: Okay. Let me first say that all employees
16 that deal with health of patients are involved in the health
17 and safety of patients, and that includes technical employees.
18 And technical employees, healthcare employees have been
19 longstanding, defined by the Board, to include the positions
20 that the Employer is contending as a guard. Let me just say
21 that there are many -- the lives are at risk of all patients in
22 surgeries, in hospitals by physicians, but that does not make
23 the employees guards.
24 Here, these employees have special skills that allow them
25 to do the medical procedures that are technical in nature and

1 that have long been found by the Board to be technical
2 employees. They have a certification to do the work, they are
3 well-versed in the work, and they are healthcare practitioners.
4 Guards, on the other hand, are normally someone that -- it's
5 the nature of their duties to protect employees and
6 nonemployees in a security department.
7 Normally guards are specifically charged with enforcing
8 rules against employees and nonemployees alike, they're
9 responsible for protecting the property and safety of persons
10 on the -- on -- and on property. They regularly check the
11 premises. They do rounds. They sometimes do traffic control.
12 They -- although they usually are involved in unlocking and
13 locking of doors, but they have rounds that are related to the
14 safety, including fire and other types of duties, they also are
15 called in when there's threatening situations that are not
16 patient related, and they can be patient related.
17 Basically, I can find no case where any of these technical
18 employees, MRI, multimodality, nuclear medicine employees, are
19 found anything other than being technical healthcare employees.
20 And pretty similar work is done by all of them statewide since
21 they have the same type of statewide licensing, and -- in
22 performing these functions. So although a novel argument,
23 again, they are clearly not guards whose primary duty is
24 involving dealing with emergencies and security and safety.
25 And I'd have you look at -- the case that I am looking at

1 is Rhode Island Hospital, and that is 313 NLRB 343 from -- oh,
2 let's see -- 1993. And in terms of -- and in that particular
3 case, there were technical employees involved in the unit also
4 in the decision and direction of election, but the employer did
5 not make an argument that the technical employees were guards.
6 But for the most part, there are many cases involving the
7 healthcare roles, and these cases typically involve hospitals,
8 but they cover pretty much the same definition of technical
9 employees. So you can look at Specialty Hospital of Washington
10 - Hadley. That's 357 NLRB No. 77 from 2011. Mercy Sacramento
11 Hospital, 344 NLRB at 790. Stormont-Vail Healthcare. It's 340
12 NLRB at 1207 (sic).
13 Basically, it's the Union's position that there -- that
14 this is a technical employee, and they have been -- repeatedly
15 been included in technical units.
16 And so for those reasons, the Union believes that there is
17 no issue, that the -- these classifications in dispute are
18 technical employees and they're not guards within the meaning
19 of the Act.
20 HEARING OFFICER SIMMONS: Okay.
21 MR. CARMODY: Mr. Hearing Officer, I'd like to reply just
22 briefly.
23 HEARING OFFICER SIMMONS: No.
24 MR. CARMODY: I'm sorry?
25 HEARING OFFICER SIMMONS: No. I just want to get your

1 issues on the -- or well --

2 MR. CARMODY: Okay.

3 HEARING OFFICER SIMMONS: -- I'll see if it needs to be

4 revised.

5 MR. CARMODY: Well, I think -- there's --

6 HEARING OFFICER SIMMONS: No.

7 MR. CARMODY: -- there's --

8 HEARING OFFICER SIMMONS: I want her to address the issues

9 in sequence for the record, so.

10 MR. CARMODY: Okay. I --

11 MS. HOFFMAN: Okay.

12 HEARING OFFICER SIMMONS: You can hold that until

13 afterwards, please.

14 MR. CARMODY: I understand.

15 HEARING OFFICER SIMMONS: Number two I believe now is the

16 scope of the unit, multifacility --

17 MS. HOFFMAN: Okay.

18 HEARING OFFICER SIMMONS: -- or --

19 MS. HOFFMAN: Basically it's in the Union's position, in

20 terms of the scope of the unit, that there is -- that the way

21 that this -- Orange County is organized, it's organized by

22 region. They have one person in charge of the reason -- region

23 for all of these units. That's -- they have a regional manager

24 for Orange County who is in charge of all the units that we're

25 petitioning for. That when the employees are hired, they are

1 told that they will be sent to any -- although they may be
2 hired in a specific clinic, they are told that they will -- can
3 be sent to any clinic within the region.
4 The employees have -- the radiology employees are under one
5 schedule for all of Orange County, that they all receive by
6 Google Docs, based on their email. The schedules are done
7 countywide, that there is significant interchange between the
8 facilities in terms of working. If employees are off, they're
9 sent to other facilities. Employees are transferred. And
10 again, most importantly, they have common HR and a regional
11 manager. On top of that, we have community interest -- other
12 community interest factors, including the fact that they do a
13 Christmas party all together.
14 So the function of these particular clinics is as one
15 region, and the employees are transferred and interchanged
16 between the facilities.
17 HEARING OFFICER SIMMONS: Okay.
18 MS. HOFFMAN: And the Employer refers to them as one
19 region.
20 HEARING OFFICER SIMMONS: Okay. Anything else on that
21 issue?
22 MS. HOFFMAN: No.
23 HEARING OFFICER SIMMONS: All right. The revised rules?
24 MS. HOFFMAN: I love the revised rules.
25 HEARING OFFICER SIMMONS: Okay. And then the idea to

1 litigate the election details?

2 MS. HOFFMAN: That's solely in the responsibility of the

3 Regional Director to determine whether it is a mail ballot or

4 an in-person vote.

5 HEARING OFFICER SIMMONS: Okay. Are there any other issues

6 that we haven't -- haven't been addressed yet?

7 MS. HOFFMAN: I don't think so.

8 HEARING OFFICER SIMMONS: All right. Mr. Carmody, you

9 wanted to say something with regards to proposed issue one,

10 guard status?

11 MR. CARMODY: I did. Thank you, Mr. Hearing Officer.

12 The Union's counsel said that guards exist for protecting

13 people's safety and premises. We couldn't agree more. And for

14 the reasons I explained in the offer of proof, that's precisely

15 what these technologists -- these particular technologists do.

16 Similarly, she said that guards exist for threatening

17 situations related to patients. Here also, we couldn't agree

18 more. That's a big part of what MRI techs and nuclear med

19 techs do. In fact, it's the majority of their responsibility.

20 So we think that's just all the more reason that we should have

21 an opportunity to litigate this issue.

22 The fact that historically the Board has considered imaging

23 technologists to be technical employees, the cases that she had

24 in mind, though nothing was cited with specificity, they're

25 irrelevant because I think she even acknowledged that in none

1 of those cases did this argument -- and it is a novel
2 argument -- was it pursued by the employer. In none of those
3 cases was there a status as guards raised by the employer.
4 Her reliance upon the healthcare rule is a square peg in a
5 round hole. That rule, as you probably know, Mr. Hearing
6 Officer, applies only to acute care facilities. It's a very
7 unique rule, and it's a self-contained rule to that particular
8 industry.
9 Most importantly, the offer of proof that I put verbally
10 into the record and momentarily will seek to supplement with a
11 written offer of proof, is practically verbatim. The offer of
12 proof that we offered in connection with proceedings that took
13 place before Region 31 late last year -- I don't have a case
14 number off the top of my head, though I can get one and add it
15 for the record later -- very similar circumstances there,
16 Mr. Hearing Officer. The Union sought a multifacility unit.
17 At that point in time, the centers were located in the
18 San Fernando Valley. There was in that case, from your
19 counterpart, a written offer of proof -- I'm sorry -- there was
20 a request made for an offer of proof. It was presented. It's
21 content is 99 percent of the same of what you just heard from
22 me. The written offer of proof that I plan to put into the
23 record here, or proffered for the record anyway presently, is
24 going to be the same. We were permitted to litigate that
25 issue. In the end, it was obviated because we entered into

1 stipulated election agreements. But the point is that Regional
2 Director saw, as this one should, the legitimacy of the issue
3 and our right to litigate the issue, and that's exactly what we
4 want to do here also.
5 MS. HOFFMAN: Okay. In response, there was not -- that
6 issue was not litigated. We stipulated to the elections. And
7 the employer used that --
8 HEARING OFFICER SIMMONS: Pause.
9 Were you done Mr. Carmody?
10 MR. CARMODY: I was with regard to that number one. I
11 guess recalling number one.
12 HEARING OFFICER SIMMONS: We're only focusing on the
13 guards.
14 MR. CARMODY: Yeah. That --
15 HEARING OFFICER SIMMONS: That's the only thing I want to
16 hear about because there's not an offer of proof on it.
17 So Ms. Hoffman?
18 MR. CARMODY: And at a point of your choosing, I would like
19 to put into the record the written offer of proof.
20 HEARING OFFICER SIMMONS: Okay. Ms. Hoffman, continue.
21 Sorry.
22 MS. HOFFMAN: Just again, that issue was not litigated
23 because we agreed to a stipulation. And those employees were
24 included in the election.
25 HEARING OFFICER SIMMONS: Okay. Thank you.

1 Off the record.

2 (Off the record at 3:41 p.m.)

3 HEARING OFFICER SIMMONS: The Regional Director has

4 directed that the following issues will be litigated in this

5 proceeding: The 9(b)(3) issue with regards to the lead MRI

6 technologists, the MRI technologists, the nuclear medicine

7 technologists, and the nuclear medicine/PET technologists.

8 Additionally, Brittany Fernandez and Angel Orense will also be

9 addressed under the 9(b)(3) issue. The second issue will be

10 the scope. More specifically, if a multifacility unit is

11 appropriate or single separate facilities is appropriate. And

12 third and lastly is whether or not the -- just a second --

13 whether or not Anaheim X-Ray West Imaging is appropriate if the

14 Board finds separate -- or a single facility unit is the

15 most -- are appropriate.

16 With regards to Board rules consisting with recent Board

17 impasse and Board precedent, we will not be seeking any

18 information on that issue, nor will we allow litigation on

19 election details consistent with Board policy. So --

20 MR. CARMODY: Mr. Hearing Officer, I just want to clarify.

21 With regard to the challenge that was raised in the statement

22 of position that was filed yesterday by my client --

23 HEARING OFFICER SIMMONS: Um-hum.

24 MR. CARMODY: -- we challenged the Board rules.

25 HEARING OFFICER SIMMONS: Correct.

1 MR. CARMODY: It's a facial challenge to the Board's rules.
2 HEARING OFFICER SIMMONS: Um-hum.
3 MR. CARMODY: And so as I've said already, we don't have
4 any intention to put evidence into the record in support of
5 this argument. But what I would like to clarify is whether the
6 Regional Director has decided that this is not a legal
7 argument, that he is going to entertain in, for example, a
8 post-hearing brief that would be submitted following the close
9 of this record.
10 HEARING OFFICER SIMMONS: That's a correct assessment.
11 MR. CARMODY: And what is the basis of that? You said it's
12 a Board impasse? I have no idea what you mean by that.
13 HEARING OFFICER SIMMONS: Me neither, but that's the RD's
14 decision.
15 MR. CARMODY: Okay. Okay. And he hasn't --
16 HEARING OFFICER SIMMONS: And Board --
17 MR. CARMODY: -- given any reason for that?
18 HEARING OFFICER SIMMONS: -- precedent. No.
19 MR. CARMODY: Board precedent?
20 HEARING OFFICER SIMMONS: Yes.
21 MR. CARMODY: What is the precedent on which the Regional
22 Director's relying to preclude my client from pursuing legal
23 argument concerning the legality of the Board's rules?
24 HEARING OFFICER SIMMONS: If you want to go off the record,
25 then I can see if I can get -- inquire more information to

1 that.

2 MR. CARMODY: I'd like to have that, please. Thank you,

3 sir.

4 HEARING OFFICER SIMMONS: Okay. Off the record.

5 (Off the record at 3:57 p.m.)

6 HEARING OFFICER SIMMONS: Okay. With regards to the

7 revised rules, the parties will be allowed to address them in

8 post-hearing briefs.

9 Okay. Please be aware that because a single facility unit

10 involves presumptive -- is presumptive under Board law, the

11 burden lies with the party seeking to rebut the presumption,

12 accordingly Petitioner, it is their burden of proof to

13 demonstrate that a multifacility unit is appropriate.

14 Similarly, statutory exclusions, such as guards or 9(b)(3), the

15 burden rests on the party seeking to assert that status.

16 Accordingly, it is the Employer's burden to establish that the

17 previously discussed job classifications are, in fact, 9(b)(3)

18 guards under the Act.

19 You must present specific evidence, detailed evidence in

20 support of your position. General conclusions -- conclusionary

21 statements by witnesses will not suffice.

22 That said, Ms. Hoffman, please present your first witness.

23 MS. HOFFMAN: Okay.

24 HEARING OFFICER SIMMONS: Oh, correction. Did you want to

25 offer the written proof for the guards, Mister --

1 MR. CARMODY: No. It's been muted and unaccounted from the
2 Regional Director's ruling.
3 HEARING OFFICER SIMMONS: Okay. All right.
4 Ms. Hoffman, please continue.
5 Please remain standing.
6 MR. HODGENS: Oh, heck.
7 HEARING OFFICER SIMMONS: Please raise your right hand.
8 Whereupon,
9 **ZACHARY HODGENS**
10 having been duly sworn, was called as a witness herein and was
11 examined and testified as follows:
12 HEARING OFFICER SIMMONS: Please be seated.
13 Please state your name for the record, and spell it.
14 THE WITNESS: Zachary Hodgens, Z-A-C-H-A-R-Y. Last name,
15 H-O-D-G-E-N-S.
16 HEARING OFFICER SIMMONS: One more thing, before we begin,
17 please verbalize your answers; yes, no, no, uh-huh, or anything
18 like that.
19 THE WITNESS: Great.
20 **DIRECT EXAMINATION**
21 Q BY MS. HOFFMAN: Okay. Zachary, by whom are you employed?
22 A RadNet, RadNet, Inc.
23 Q Okay. And what is your position with RadNet?
24 A I am the MRI technologist.
25 Q And how long have you worked for RadNet?

1 A I've been an employee there about three years.
2 Q Okay. And are you an employee that's assigned to a
3 specific location?
4 A I was hired in Santa Ana, and I float around quite a bit.
5 My current -- I'm a full-time employee at Santa Ana currently,
6 but one day of my week shift is in the Irvine -- West Coast
7 Radiology Center Irvine. I also float to South Coast on
8 occasion, I float to Orange on occasion, and I used to float to
9 Garden Grove, but I haven't floated there since last year I
10 don't think.
11 Q Okay. And when you were hired by RadNet, did you -- how
12 did you get hired by RadNet?
13 A I trained West Coast -- Santa Ana as a student there. And
14 after finishing, there was a position open that they needed for
15 a per diem tech. I got hired on as a per diem there. I worked
16 about a year at various sites in the Orange County region, and
17 then got hired on full time. Past then, my schedule still
18 continued to change, and I still go to different sites.
19 Q Okay. And when you were first hired as a per diem, what
20 locations would you get sent to?
21 A Initially it was Santa Ana, both machines there. Very
22 quickly, I started going to Irvine and Garden Grove. And then
23 later on, I started going to South Coast and Orange, but that
24 was another six months or so before I started going there.
25 Q Okay. Now, in terms of scheduling, how are MRI

1 technologists scheduled?
2 A We have a master schedule for all of the MRI techs, x-ray
3 techs, CT techs, and then like nuc med PET, DEXA -- some DEXA,
4 and then there's like some mammo on that same schedule, and the
5 nurses are on that schedule. It's a master Excel spreadsheet
6 on Google Docs. All the employees have access to it.
7 Individual parts of that are filled out by different leads. So
8 we have an MRI lead who actually schedules the MRI parts of
9 that. But everybody accesses that same one. And it's got
10 initials, and you can see where you're working at that day.
11 Okay.
12 Q Okay.
13 MS. HOFFMAN: I'm going to mark as Union Exhibit 1 -- it
14 doesn't have a --
15 THE WITNESS: I thought the --
16 MS. HOFFMAN: -- title on it --
17 THE WITNESS: Oh.
18 MS. HOFFMAN: -- but I'll call it radiology schedule.
19 THE WITNESS: Okay.
20 MS. HOFFMAN: I think I have another one.
21 THE WITNESS: There should be four.
22 MS. HOFFMAN: And I gave one to the court reporter.
23 **(Union Exhibit Number 1 Marked for Identification)**
24 HEARING OFFICER SIMMONS: Well, it hasn't been entered into
25 evidence yet, so --

1 THE WITNESS: Oh.
2 HEARING OFFICER SIMMONS: -- why don't you give it to me.
3 MS. HOFFMAN: Here, I can --
4 THE WITNESS: Okay. Great.
5 MS. HOFFMAN: Okay.
6 Q BY MS. HOFFMAN: Okay. Now, is this document what you
7 referred to as the radiology schedule?
8 A Correct. This is the -- the Orange County schedule. Now,
9 this is what I was saying has the -- everything for x-ray,
10 ultrasound, CT -- oh, no, sorry -- x-ray, MRI, CT, the nurses,
11 and a couple of other DEXA and nuc and PET stuff.
12 Q Okay. Now --
13 A It does not have the ultrasound or the mammo techs, but
14 those are on separate schedules that aren't in an Excel
15 spreadsheet. Those are just done on paper.
16 Q Okay. So is this the schedule for July of 2018?
17 A That is correct.
18 Q Okay. Can you look at the first page of the document and
19 tell me what the little -- what each -- and -- what each of the
20 initials stand for on --
21 A Sure.
22 Q -- the slide? Okay.
23 A So this is just the -- this is for July 1st. It was --
24 or -- it was a Sunday. So only a few rooms are open.
25 Q Okay. And so I'm interested where it says the month and

1 the -- the first column.
2 A Oh, I'm sorry. On the left here?
3 Q Yes.
4 A These are the different rooms. You have SA. The SA
5 section is for the Santa Ana and the West Coast Radiology
6 Santa Ana. You have Oval and MRI HFAN. That's the two MRI
7 machines. There's -- the CT machine is the one after that.
8 There's two x-ray rooms after that. Nuclear medicine after
9 that. The nurse. And then the other nurse who just runs
10 labs -- or she does more than that, but --
11 Q Okay.
12 A -- that's what she's listed as there. The ones that are
13 marked SC are for South Coast. That's their MRI room and their
14 x-ray room. The ones marked IRV, I-R-V, is the MRI, CT, and
15 x-ray there. MV is for Mission Viejo.
16 Q So IRV is Irvine?
17 A Correct.
18 Q Okay.
19 A The -- not -- West Coast Irvine, not Irvine X-Ray.
20 Q Okay. West Coast. Okay. Go ahead.
21 A MV is for Mission Viejo. There's their sections there.
22 OIC is the Orange Imaging. I believe that's how that works.
23 I'm less familiar with Orange. OAI is Orange Advanced Imaging.
24 So there's the sections for that. AXW is that Anaheim X-Ray,
25 the smaller one. AAI is Anaheim -- I'm sorry. AXW would be

1 Anaheim's x-ray clinic. My apologies. They've not a smaller
2 x-ray clinic, too. AAI is Anaheim Advanced Imaging. GGA is
3 Garden Grove Advanced Imaging. LMI is La Mirada Imaging. And
4 then West Coast Irvine X-Ray there is that -- the one we are
5 talking about, the small x-ray site on the street that I can't
6 think that, but that's okay.
7 Q What's the B, the next part?
8 A I'm not familiar with which those are. Those are never
9 scheduled out.
10 Q Okay. And then all the way on the -- the column second
11 from the -- let's -- second to the right, what is that?
12 A Second to the right. Oh, from -- coming from the right.
13 The Sunday column?
14 Q Yes.
15 A Yeah. That's -- that's -- that was what I was talking
16 about to begin with. That's the Sunday -- this is who was
17 scheduled in these places on Sunday. There's a lot fewer
18 people on Sunday. So you have right there in the very first
19 row for the Oval is me. That's ZH for Zachary Hodgens. The
20 second one is the other magnet at Santa Ana. That's RB for
21 Raja (phonetic). She's another tech. Raja -- I don't remember
22 her last name. It starts with a B. She's another MRI tech.
23 CT --
24 Q If you'd look at the last page of --
25 A Sure.

1 Q -- the document, does that have all the names?
2 A Oh, it's not a complete listing. And in fact, there's
3 some -- ones on here that aren't here anymore.
4 Q Okay.
5 A But it was many of the people that are on this list. This
6 part doesn't get updated as often, but it's a good guide for a
7 lot of the folks that are on the list. So this is a -- like a
8 little answer key there.
9 Q Okay. And so -- and then MRI means?
10 A Those are the MRI techs in question.
11 Q And the CT?
12 A CT is CT techs. PET's PET techs. Nuc is the two nuc med
13 techs. You've got your x-ray, you've got nursing, and that's
14 it.
15 Q Okay.
16 A But like I said, it's not an exhaustive list. There's
17 some people that are -- have initials on there that aren't
18 listed, but -- and then some people that are on this list that
19 aren't here anymore. Quite a few actually, looking at it.
20 Q Okay. And then it shows the schedule for -- okay. That
21 shows the schedule there was for Sunday?
22 A Correct.
23 Q And then on the next page?
24 A The next page --
25 Q We have --

1 A -- is the --
2 Q We have one name --
3 A -- the rest of Sunday where nobody's listed. And then the
4 next week starts, and that's the beginning of the schedule for
5 that week --
6 Q Okay.
7 A -- the week of July 2nd.
8 Q Now, can you show me on this list when you work at
9 different locations?
10 A This week, I did not work at different locations.
11 Q Okay.
12 A That one, I was not working -- oh, wait. Who was on
13 vacation? Somebody was on vacation, so I wasn't working that.
14 I would work on different locations the following week, which
15 would be here, on the 7/9. And -- the -- the week of
16 July 9th --
17 Q Um-hum.
18 A -- I'm listed on the Oval on Wednesday, Saturday, Sunday.
19 That the very first row on that day. And then on Tuesday, I'm
20 down there in Irvine. That's my usual Irvine shift. That
21 would be the Tuesday, 7/10, Irvine MRI. I'm right there in the
22 evening shift in Irvine. So I'm right there; ZH. And that's
23 my usual schedule. Usually I'm Monday Santa Ana, Tuesday
24 Irvine, Wednesday Santa Ana. And that's my typical full-time
25 position. Oh, actually, that week I actually worked there on

1 Friday, too. I forgot. So I'm listed there on Friday as well.
2 I worked the day shift that day. I forgot about that.
3 Q Okay. And in terms of scheduling, who does -- who
4 prepares the schedule for the month?
5 A It's -- this schedule has several different people working
6 on it, as far as I understand. For our end, we have our lead
7 MR, Barbara Stewart. She says the one that updates at least
8 the MR part of it.
9 MR. CARMODY: Mr. Hearing Officer, I'm going to object on
10 lack of foundation. There's been no evidence that would
11 suggest how it is that this witness would have personal matter
12 of the preparation of the schedules.
13 HEARING OFFICER SIMMONS: Ms. Hoffman?
14 MS. HOFFMAN: I think we'll get to that.
15 HEARING OFFICER SIMMONS: Would you like to lay a
16 foundation?
17 MS. HOFFMAN: Yes.
18 HEARING OFFICER SIMMONS: Okay.
19 MS. HOFFMAN: Okay.
20 Q BY MS. HOFFMAN: First of all --
21 HEARING OFFICER SIMMONS: Pause for a second.
22 MS. HOFFMAN: Okay.
23 HEARING OFFICER SIMMONS: I'm going to overrule it and see
24 where this goes. If you want to lay a foundation. So
25 objection --

1 MS. HOFFMAN: Okay.
2 HEARING OFFICER SIMMONS: -- overruled.
3 Q BY MS. HOFFMAN: In terms of the schedule itself, do all
4 the employees in radiology -- so again, that would be MRI, CT,
5 PET, nuc med, x-ray, and nursing. How -- you all receive this
6 document in Google Docs?
7 A So we all have access to this document at all -- it -- it
8 is a document that's on Google Docs that you can check at any
9 time.
10 Q Okay.
11 A It's a -- it's the same document. It's been the same
12 document for several years now. And you just -- there's
13 different tabs for each month. And so just the next month is
14 there.
15 Q Okay.
16 MR. CARMODY: Mister -- I object here also on foundation
17 grounds, Mr. Hearing Officer. There's been no evidence that's
18 been presented which would indicate as to why or how this
19 witness would have knowledge as to whether or not his
20 counterparts in all these different modalities would have
21 access to this schedule.
22 HEARING OFFICER SIMMONS: Ms. Hoffman, I need some
23 foundation.
24 MS. HOFFMAN: Okay.
25 Q BY MS. HOFFMAN: How do you know that your other --

1 HEARING OFFICER SIMMONS: The objection's sustained.
2 MS. HOFFMAN: Okay.
3 Q BY MS. HOFFMAN: Okay. In terms of other employees, how
4 do you know that they have access to Google Docs?
5 A As far as access to this --
6 Q Schedule.
7 A Everybody who has been emailed the schedule has access to
8 the schedule.
9 Q Okay. So are you emailed --
10 A It's --
11 Q -- as a group?
12 A We're emailed as individuals, as far as I understand.
13 This isn't -- yeah.
14 MR. CARMODY: I would move to strike that testimony on the
15 grounds a lack of proper foundation has been laid.
16 HEARING OFFICER SIMMONS: Ms. Hoffman? I'm not --
17 Ms. Hoffman, your response?
18 MS. HOFFMAN: I'm trying to get the foundation for this
19 document. So at this point, we know that he, as an individual,
20 receives a copy of the document.
21 HEARING OFFICER SIMMONS: Okay. But --
22 MR. CARMODY: And it's our view, Mr. Hearing Officer, that
23 that's what the testimony should be limited to. Certainly this
24 witness can appropriately testify to his personal experience,
25 but concerning co-workers, that's where we have the foundation

1 problem.

2 THE WITNESS: I do have another --

3 HEARING OFFICER SIMMONS: Off the record.

4 (Off the record at 4:13 p.m.)

5 Q BY MS. HOFFMAN: How do you know that other employees

6 receive the schedule?

7 A So other than seeing people that have the schedule, I know

8 other employees who pull the schedule up on a regular basis.

9 The bigger thing would be that in a Google Doc, you can see

10 who's accessing the schedule at all times. And up in the

11 corner of the Google Doc, it's got a little thing listed that

12 shows different people's little log in. Sometimes it's

13 anonymous, sometimes it's the person's name. If they're logged

14 in under a public profile, their own personal public profile.

15 So I do know that quite a few people access it on a regular

16 basis. I can't say specifically every single person has

17 accessed it, but I know that people are accessing this on a

18 regular basis.

19 MR. CARMODY: Move to strike that, Mr. Hearing Officer, on

20 both hearsay grounds as well as best evidence grounds. If

21 there is some document that was in the possession of the Union

22 or this employee that would prove the matters being asserted

23 here, that's what we ought to see, not -- not this witness'

24 testimony of what he's seen.

25 HEARING OFFICER SIMMONS: Ms. Hoffman, your response?

1 MS. HOFFMAN: This witness is a -- is an MRI tech who works
2 at the Employer, who receives his schedule by Google Docs to
3 know when he's going to work. Okay?
4 HEARING OFFICER SIMMONS: Um-hum.
5 MS. HOFFMAN: Other employees are also receiving the
6 schedule that way.
7 Now, normally the Employer would put on a lot of evidence
8 to start this case, and then we would be supplementing it. But
9 since the Employer hasn't put anyone on yet, I am starting with
10 each employee individually who gets their schedule and how they
11 get it. So I have to be able to ask questions to include that.
12 Plus hearsay evidence is admissible in an NLRB hearing.
13 HEARING OFFICER SIMMONS: I'm going to overrule the
14 objection, and the reader of the record will accord whatever
15 weight he -- they deem that his testimony is worth.
16 MR. CARMODY: Mr. Hearing Officer, I'd ask for a standing
17 objection with respect to questions that exceed this witness'
18 personal knowledge and address what purports to be the
19 activities of other co-workers of his.
20 HEARING OFFICER SIMMONS: Understood.
21 Q BY MS. HOFFMAN: Okay, Zach, in terms of when you're --
22 when -- how -- you said that the schedule is used -- is done on
23 a Google Doc. How -- is it usually done month to month?
24 A It's constantly updated. It's usually about a month out
25 of the current date, is how -- how far out it's been scheduled.

1 Q And does the Employer expect you to know what your
2 schedule is off this document?
3 A Yes.
4 MR. CARMODY: Objection.
5 THE WITNESS: Absolutely.
6 MR. CARMODY: Calls for speculation.
7 HEARING OFFICER SIMMONS: Sustained.
8 MS. HOFFMAN: Okay.
9 Q BY MS. HOFFMAN: How does the -- and what has the Employer
10 told you with regard to this document and -- okay. Who is your
11 supervisor?
12 A My supervisor is Barbara Stewart. She's the lead MRI
13 technologist.
14 Q And -- okay. Barbara is a lead apparently. How has the
15 Employer told you that you are supposed to check the schedule
16 to determine whether you're working or not?
17 MR. CARMODY: Objection. Assumes facts not in evidence.
18 HEARING OFFICER SIMMONS: Sustained.
19 MS. HOFFMAN: Okay.
20 Q BY MS. HOFFMAN: Has the Employer told you you're supposed
21 to check the schedule?
22 A Yes. Absolutely.
23 Q And how --
24 MR. CARMODY: Objection. Calls for hearsay.
25 Q BY MS. HOFFMAN: Who has told you --

1 MR. CARMODY: There's an objection pending.
2 HEARING OFFICER SIMMONS: I missed that question and answer
3 because of it. So restate --
4 MS. HOFFMAN: I asked if the Employer has told him that
5 he's supposed to check schedule. He objected to hearsay.
6 MR. CARMODY: That is a question that seeks to prove the
7 matter asserted. That's hearsay. Crystal clear example of
8 hearsay.
9 HEARING OFFICER SIMMONS: Objection overruled.
10 MS. HOFFMAN: You can answer.
11 THE WITNESS: We need to be aware of changes that happen
12 because changes happen very suddenly, and sometimes we're not
13 told that the schedule has changed. And so we don't want to
14 show up at the wrong place --
15 MS. HOFFMAN: Okay.
16 THE WITNESS: -- which has happened unfortunately.
17 Q BY MS. HOFFMAN: Okay. So --
18 MR. CARMODY: Move to strike on the grounds of hearsay.
19 HEARING OFFICER SIMMONS: Objection overruled.
20 Q BY MS. HOFFMAN: Okay. So you report to work based on the
21 schedule that you -- this schedule that you check on
22 Google Docs?
23 A That is correct.
24 Q Okay. And if you don't, is there any other way that you
25 find out that you're working other than this schedule?

1 A There have been extenuating circumstances where someone
2 had to call out suddenly, that before any changes had been made
3 to the schedule, I would have had to have gone in. Somebody
4 called out sick and I had to fill in.
5 Q Okay. And who would call you if that happened?
6 A Probably my lead. It would -- I'm sorry. It would be my
7 lead. No. The lead or the site manager.
8 Q And who is the site manager where you work?
9 A Sal Herrera. Salvador Herrera.
10 Q Okay. And what is Sal Herrera's title?
11 A He's site manager for West Coast Santa Ana, West Coast
12 South Coast, and West Coast La Mirada. Or I don't remember
13 if -- is -- no. I can't ask you guys that. I think it's
14 La Mirada Imaging.
15 Q Okay. And what is -- and you said that Sal is the site
16 manager. Who does Sal report to?
17 A He reports --
18 MR. CARMODY: Objection. Lack of foundation.
19 HEARING OFFICER SIMMONS: Overruled.
20 THE WITNESS: He reports to Tim Chavez.
21 Q BY MS. HOFFMAN: And who is Tim Chavez?
22 A Tim Chavez is the Director of Operations for Orange
23 County.
24 Q And where is Tim Chavez located?
25 A His office is in the Santa Ana site, West Coast Santa Ana.

1 The 1100-A, Tustin -- North Tustin.
2 Q And since you've been working as an MRI tech, is Union
3 Exhibit 1, the schedule on Doogle -- Google Docs, how you
4 determine whether you're working or not?
5 MR. CARMODY: Mr. -- I object, Mr. Hearing Officer. It --
6 it's inappropriate to be asking so many questions about an
7 exhibit that hasn't been proffer for the record yet.
8 HEARING OFFICER SIMMONS: Objection sustained.
9 MS. HOFFMAN: Okay.
10 HEARING OFFICER SIMMONS: Do you want to ask to submit it
11 into evidence, Ms. Hoffman?
12 MS. HOFFMAN: Yes, I'd like to -- the Union would like to
13 put Union Exhibit 1 into evidence. And we'll call it the
14 radiology schedule for July 2000- --
15 HEARING OFFICER SIMMONS: Mr. Carmody?
16 MR. CARMODY: Voir dire, Mr. Hearing Officer, please.
17 HEARING OFFICER SIMMONS: By all means.
18 **VOIR DIRE EXAMINATION**
19 Q BY MR. CARMODY: Mr. Hodgens -- am I pronouncing that
20 right?
21 A That is correct.
22 Q Okay. My name is Bryan Carmody. I'm the attorney for
23 RadNet. I have just a few questions I think about the document
24 you've been talking about --
25 A Great.

1 Q -- so far, Union's Exhibit 1. So just so I'm clear, is
2 this a document that you yourself have prepared at any point in
3 time?
4 A No.
5 Q Is this a document that you have revised at any point in
6 time?
7 A No.
8 Q Okay. I see -- for example, at the top on page 1, sir, at
9 the top of the document, maybe two-thirds going from left to
10 right, do you see the words revised December 19th, or 12/19,
11 2017?
12 A That's correct.
13 Q Okay. Do you know as a matter of fact the person who
14 would have revised this document, at least according to the
15 document on that day, as a matter of fact, or would you be
16 guessing?
17 A What I would say is that -- that --
18 Q Could --
19 A -- the --
20 Q I'd like you to answer my question, please. Would you be
21 guessing or do you think you know for sure who did it?
22 A There are several people who update the schedule, so I
23 can't say for certain which person that updates the schedule
24 updated the last.
25 Q I understand. Okay.

1 A Yes.

2 Q Fair enough.

3 MR. CARMODY: Mr. Hearing Officer -- thank you for

4 answering my question, sir.

5 I -- we would object to the proffer of this document into

6 the record. Although this is a document that he has received,

7 it is not a document that he's authored, it's not a document

8 that he's revised, and he can't give certain testimony

9 concerning who revised it. It's a -- not a document for which

10 he has any responsibility. We object.

11 HEARING OFFICER SIMMONS: Okay. Objection overruled.

12 Ms. Hoffman, go ahead.

13 MS. HOFFMAN: Okay.

14 **DIRECT EXAMINATION (RESUMED)**

15 Q BY MS. HOFFMAN: Now, this is --

16 HEARING OFFICER SIMMONS: All right. So Union Exhibit 1 is

17 entered into evidence -- or into the record.

18 **(Union Exhibit Number 1 Received into Evidence)**

19 MS. HOFFMAN: Thank you.

20 Q BY MS. HOFFMAN: In terms of -- this was for July 2018; is

21 this correct?

22 A That is correct.

23 Q And you printed it off the Google Docs?

24 A That's correct.

25 Q Okay. And --

1 MS. HOFFMAN: Okay. I'm going to mark as Union Exhibit 2
2 is -- an MRI technologist job listing from RadNet.
3 **(Union Exhibit Number 2 Marked for Identification)**
4 MR. CARMODY: Mr. Hearing -- I'm going to object,
5 Mr. Hearing Officer, to counsel identifying documents. That
6 really is the job of the witness.
7 HEARING OFFICER SIMMONS: Objection overruled -- well,
8 correction. What was the name of the document again? Or
9 how --
10 MS. HOFFMAN: It's the MRI --
11 HEARING OFFICER SIMMONS: Is that the --
12 MS. HOFFMAN: -- technologist --
13 HEARING OFFICER SIMMONS: -- title of the document?
14 MS. HOFFMAN: -- job description.
15 HEARING OFFICER SIMMONS: Is that the title of the
16 document? Is there a title on that document? Can I see the
17 document?
18 MS. HOFFMAN: Yeah.
19 HEARING OFFICER SIMMONS: Okay.
20 MR. CARMODY: Thank you.
21 HEARING OFFICER SIMMONS: All right.
22 MR. CARMODY: And just to amplify the objection,
23 Mr. Hearing Officer --
24 HEARING OFFICER SIMMONS: Um-hum.
25 MR. CARMODY: -- I -- that practice, if that's what we'll

1 discover it to be here, is inappropriate because it leads the
2 witness. So we would have a standing objection to that as
3 well, please.
4 HEARING OFFICER SIMMONS: Can you repeat -- Madam Court
5 Reporter, can you repeat back what Ms. Hoffman said? I'm
6 sorry. I'm trying to take notes, and then I'm calling
7 objections, and I'm missing parts, so.
8 THE COURT REPORTER: Oh, were you asking about the title of
9 the document, sir?
10 HEARING OFFICER SIMMONS: Yeah. What did Ms. Hoffman --
11 or -- yeah, Ms. Hoffman --
12 THE COURT REPORTER: All right.
13 HEARING OFFICER SIMMONS: -- describe the document as? Or
14 state?
15 THE COURT REPORTER: "I'm going to mark as Union
16 Exhibit 2" -- there's a lot of pausing, so bear with me --
17 HEARING OFFICER SIMMONS: Um-hum.
18 THE COURT REPORTER: -- "is an MRI technologist" --
19 HEARING OFFICER SIMMONS: Um-hum.
20 THE COURT REPORTER: -- "job listing from RadNet." And
21 then that's when Mr. Carmody objected.
22 HEARING OFFICER SIMMONS: Okay.
23 THE COURT REPORTER: Do you want me to keep going?
24 HEARING OFFICER SIMMONS: No. That's fine.
25 Objection's sustained.

1 MS. HOFFMAN: Okay. Well --
2 HEARING OFFICER SIMMONS: Okay.
3 MS. HOFFMAN: Okay.
4 Q BY MS. HOFFMAN: I'm going to have you look at Union
5 Exhibit 2. And can you tell me what this is?
6 A So this is a job listing for an MRI technologist position
7 at the Santa Ana location, West Coast Santa Ana. I printed
8 this off yesterday. It's got the date up there. It's got the
9 oral at the bottom. It lists the full job description of what
10 an MRI technologist is expected to do at our company.
11 Q And did you have a chance to review this document?
12 A Actually not in full. I'm kind of looking at it now.
13 Yeah, it's not that much there.
14 Q Okay. And when you started as a per diem, is this similar
15 to the job listing that you applied for?
16 MR. CARMODY: Objection. Best evidence. She's referring
17 to a document that he would have reviewed some time ago, and
18 asking for him to do a comparison without my having the benefit
19 of seeing that earlier document. That's inherently unfair.
20 Objection.
21 HEARING OFFICER SIMMONS: Overruled. Continue.
22 THE WITNESS: I never actually saw the job description
23 listed on the website for the position I ended up doing. I --
24 like -- as I said previously, I was a student at the site.
25 When it came time -- after I had finished my program and passed

1 my program and graduated, there was a position open, and I went
2 and filled out a handwritten application to get hired.
3 Q BY MS. HOFFMAN: Okay. Is the job description on here
4 similar to what you do?
5 A Yes, it is.
6 MS. HOFFMAN: Okay. I'd like to move for entry of Union
7 Exhibit 2.
8 HEARING OFFICER SIMMONS: Mr. Carmody?
9 MR. CARMODY: We object on the grounds of hearsay.
10 HEARING OFFICER SIMMONS: Okay. Objection overruled.
11 Union Exhibit 2 is entered into the record.
12 **(Union Exhibit Number 2 Received into Evidence)**
13 MS. HOFFMAN: I will mark as Union Exhibit 3 a document, at
14 the top says, "Urgent RSP Reminder. Appreciation Holiday
15 Party, Friday, December 15th."
16 **(Union Exhibit Number 3 Marked for Identification)**
17 MR. CARMODY: Objection.
18 MS. HOFFMAN: I'm just reading what the document says at
19 the top.
20 MR. CARMODY: That's the Union -- that's the witness' job.
21 HEARING OFFICER SIMMONS: Objection overruled.
22 Q BY MS. HOFFMAN: Zachary, is this an email that you
23 received from Salvador Herrera?
24 A That's correct.
25 Q Okay. And is this the full email?

1 A Yes.
2 Q Okay.
3 MS. HOFFMAN: I'll move for entry of Union Exhibit 3.
4 HEARING OFFICER SIMMONS: Mr. Carmody?
5 MR. CARMODY: What is the purpose for which this is being
6 offered, to prove what exactly?
7 MS. HOFFMAN: Community of interest.
8 MR. CARMODY: What factual issue?
9 MS. HOFFMAN: That they have across Orange County Christmas
10 party for all employees.
11 MR. CARMODY: Objection on the grounds of hearsay.
12 THE WITNESS: It's hearsay that we have a Christmas party?
13 Sorry.
14 HEARING OFFICER SIMMONS: Please don't talk to the --
15 THE WITNESS: I apologize.
16 HEARING OFFICER SIMMONS: -- counselor.
17 Objection overruled. Continue.
18 Q BY MS. HOFFMAN: Did you attend the Christmas party?
19 A I did.
20 Q Okay. And were there employees from all over Orange
21 County at the Christmas party?
22 A Yes.
23 MR. CARMODY: Objection. Lack of foundation.
24 HEARING OFFICER SIMMONS: Sustained.
25 Q BY MS. HOFFMAN: Okay. You attended the Christmas party?

1 A Yes, I did.
2 Q Okay. And were many of the employees on this email at the
3 Christmas party?
4 MR. CARMODY: Same objection.
5 HEARING OFFICER SIMMONS: Overruled -- oh, correction.
6 Sustained.
7 Q BY MS. HOFFMAN: Well, what employees were on -- as -- do
8 you know who these employees are on this email?
9 A I would say most of them, yes.
10 Q Okay. You personally know them?
11 A Quite a few of them, but there are probably some people on
12 here I have never met.
13 Q Okay.
14 A But I know -- just looking through the names --
15 Q Well --
16 A -- I know a lot of these people.
17 Q Which employees on this list do you remember attending the
18 Christmas party with you?
19 A Let's see. Alissa (phonetic) was there. Armeda
20 (phonetic) did not attend. Bianca (phonetic) was there.
21 Damina (phonetic) I don't think worked with the Company anymore
22 at that point. I don't know Erica Perez (phonetic). Esmirelda
23 (phonetic) did not go. I don't -- that must be Lupe
24 (phonetic). I don't remember her going, but she might have
25 been there. Janet (phonetic) was there. I don't know which

1 Jennifer (phonetic) that is. I don't know which Jessica
2 (phonetic) that is. I don't know which Joyce (phonetic) that
3 is. Julianna (phonetic) was gone from the Company I believe at
4 that point. Leslie (phonetic) was there. Elizabeth (phonetic)
5 did not go. I don't know Madalina Reyes (phonetic). Michael
6 Martinez (phonetic) was definitely there. Let's see. Nubia
7 (phonetic) did not go. Pauline (phonetic) I don't believe
8 went. Petra (phonetic), I don't remember if she went. Rebecca
9 (phonetic) did not go.
10 I can keep going. All right.
11 Q Okay.
12 MS. HOFFMAN: All right. I don't have further questions
13 about this document.
14 HEARING OFFICER SIMMONS: Okay. Union Exhibit 3 is entered
15 into the record.
16 **(Union Exhibit Number 3 Received into Evidence)**
17 HEARING OFFICER SIMMONS: Ms. Hoffman?
18 MS. HOFFMAN: Yes?
19 HEARING OFFICER SIMMONS: Are you --
20 MS. HOFFMAN: Yes, sir --
21 HEARING OFFICER SIMMONS: -- finished?
22 MS. HOFFMAN: -- we're getting some -- another document.
23 HEARING OFFICER SIMMONS: Okay.
24 MS. HOFFMAN: Okay. Union Exhibit 4 is the radiology
25 schedule for May of 2018.

1 **(Union Exhibit Number 4 Marked for Identification)**
2 MR. CARMODY: I believe I have a standing objection,
3 Mr. Hearing Officer. In case not, counsel should not be
4 describing documents. It's the job of the witness.
5 HEARING OFFICER SIMMONS: Understood. Noted. Overruled.
6 Ms. Hoffman?
7 Q BY MS. HOFFMAN: Zach, is this a schedule that you printed
8 from Google Docs showing the schedules for May of 2018?
9 MR. CARMODY: Objection. Leading.
10 HEARING OFFICER SIMMONS: Sustained.
11 Q BY MS. HOFFMAN: What is this, Zach?
12 A This is a document I printed from Google Docs that shows
13 the schedule for May of 2019 -- or 2018.
14 Q Okay.
15 A For the radiological employees, not the mammo/ultrasound.
16 Q Okay. Is that similar to the July 2018 document that's in
17 the record?
18 A Yeah.
19 MR. CARMODY: Objection. The documents will speak for
20 themselves.
21 Q BY MS. HOFFMAN: So your testimony with regard to what --
22 HEARING OFFICER SIMMONS: Pause. I haven't ruled yet.
23 MS. HOFFMAN: Okay. Sorry.
24 HEARING OFFICER SIMMONS: Restate the question again,
25 please.

1 Q BY MS. HOFFMAN: Would your testimony regarding the first
2 column be the same?
3 HEARING OFFICER SIMMONS: And that's what you're objecting
4 to?
5 MR. CARMODY: Insofar as the question is, does Union
6 Exhibit 4 look like Union Exhibit 1, the documents speak for
7 themselves. The testimony isn't necessary. That's the basis
8 for the objection.
9 HEARING OFFICER SIMMONS: Sustained.
10 Ms. Hoffman?
11 Q BY MS. HOFFMAN: I do have a question. Do you know who
12 puts the notes on the document?
13 A That would be, at least in part, Barbara Stewart, my lead,
14 and I imagine other leads as well.
15 MR. CARMODY: Objection. Lack of foundation.
16 HEARING OFFICER SIMMONS: Ms. Hoffman?
17 Q BY MS. HOFFMAN: How do you know that Barbara puts it on?
18 A I've seen specifically Barbara had the schedule open when
19 she's working her shift. So I know that she's editing this
20 document every day at work.
21 Q And on the notes it's -- that's referring to you in the,
22 "ZH off"; is that correct?
23 A That's correct.
24 MR. CARMODY: Objection. This document, it should be
25 offered into evidence if there's going to be questions about

1 it.

2 MS. HOFFMAN: Well, I'll --

3 MR. CARMODY: It's prejudicial.

4 HEARING OFFICER SIMMONS: Overruled.

5 Q BY MS. HOFFMAN: And were you off those days?

6 A That's correct.

7 Q And do you know who worked for you when you were off?

8 A It would --

9 MR. CARMODY: Objection. Lack of foundation.

10 HEARING OFFICER SIMMONS: What was your question again,

11 Ms. Hoffman?

12 MS. HOFFMAN: I asked if he knows who worked for him when

13 he was off.

14 HEARING OFFICER SIMMONS: Overruled.

15 THE WITNESS: It looks like that --

16 HEARING OFFICER SIMMONS: Well, correction. I'd like to

17 know how he knows, so.

18 Q BY MS. HOFFMAN: How do you know?

19 A Because I'm looking at the schedule and reading --

20 Q Okay.

21 A -- who -- who's in my spot.

22 HEARING OFFICER SIMMONS: Okay. The objection's sustained.

23 THE WITNESS: It looks like --

24 HEARING OFFICER SIMMONS: The objection's sustained.

25 MS. HOFFMAN: Okay.

1 THE WITNESS: Sorry. My apologies.
2 Q BY MS. HOFFMAN: So let me ask you another question. What
3 is -- where do you normally work?
4 A My normal schedule that's been -- for this here at least,
5 has been that I work West Coast Santa Ana Saturday and
6 Sunday --
7 MR. CARMODY: I'm sorry. West Coast Santa Ana?
8 THE WITNESS: West Coast Santa Ana --
9 MR. CARMODY: Okay.
10 THE WITNESS: -- on Saturday, Sunday. I work the evening
11 shift in West Coast Santa Ana on Monday. And then I work the
12 evening shift in West Coast Irvine Tuesday. And then I work a
13 day shift in West Coast Santa Ana Wednesday. And then I have
14 Thursday, Friday off. That's my normal schedule.
15 Q BY MS. HOFFMAN: And is there -- are there other employees
16 scheduled to work where you normally work?
17 MR. CARMODY: Objection. Lack of foundation.
18 HEARING OFFICER SIMMONS: Sustained.
19 MS. HOFFMAN: Okay.
20 Q BY MS. HOFFMAN: Well, it says you're off 5/3, 5/4, 5/5,
21 and 5/6. Are there other employees working, based on this
22 schedule, at the locations that you work on those days?
23 MR. CARMODY: Same objection.
24 HEARING OFFICER SIMMONS: Sustained.
25 MS. HOFFMAN: What's the objection?

1 HEARING OFFICER SIMMONS: That he lacks foundation for --
2 MS. HOFFMAN: Okay.
3 Q BY MS. HOFFMAN: Do you know if other employees worked
4 while you were off?
5 A Yes.
6 Q And how do you know that?
7 A Because I check the schedule and know who's there when I'm
8 not there.
9 Q Are there occasions when you also ask employees to work
10 for you at a certain -- when you have a day off?
11 A Yes. We work with -- among ourselves to get coverage, a
12 lot of times just to help out, just to -- if somebody can work
13 one of my days off, I can work one of their days off. We try
14 and be really flexible as a group just in general.
15 Q Okay. And when you're being -- when you ask an employee
16 to work for you, how do you do that?
17 A Either in person or by text message or by phone call. And
18 then if we come to an agreement, then we let the lead know to
19 adjust the schedule appropriately.
20 Q And the lead would be?
21 A Barbara Stewart.
22 Q Okay. And what employees do you contact when --
23 A Any --
24 Q -- you are --
25 A Oh. Sorry.

1 Q -- trying to work out the schedule yourself?
2 A Anybody that would be somebody that would work the same
3 machines as I do. So Barbara Stewart, Robin Robles (phonetic),
4 Roberto Dosantos (phonetic), Barata Matoos (phonetic). If I'm
5 going to Irvine, it would be Ian Stewart (phonetic), Brittany
6 Clark (phonetic). And then on the flip side, if somebody's
7 contacting me, some -- to get coverage, sometimes that would
8 be --
9 MR. CARMODY: Objection.
10 THE WITNESS: Oh.
11 MR. CARMODY: It's beyond the scope of the question --
12 THE WITNESS: Fair enough.
13 MR. CARMODY: -- as posed.
14 Q BY MS. HOFFMAN: Okay. And what if -- what employees have
15 contacted you to work for them?
16 A I've had Freida Vonyez (phonetic) contact to cover her in
17 South Coast before. I used to get contacted by Phuong Nguygen
18 to work in Garden Grove. But like I said, I haven't been there
19 in a while. I've been asked to work in Orange before, but that
20 usually comes from Barbara Stewart because I don't talk to the
21 Orange folks as much. So if there's a gap in the schedule
22 there, I'll be asked to work there by the lead.
23 Q Okay.
24 A And there's other techs that I'm forgetting. There's a
25 lot of other people who have been here and who aren't here

1 anymore or who are per diems that are still here. So we try
2 and be really flexible.
3 Q Okay. And the basis of you asking another MRI tech to
4 work is just that they know how to operate --
5 MR. CARMODY: Objection. Leading.
6 Q BY MS. HOFFMAN: -- the machine? What is the basis that
7 you would ask an MRI tech to work for you when you're off as an
8 MRI tech?
9 A The basis would just be that I -- somebody -- I'm looking
10 for somebody that would know how to run of machine, because not
11 every machine's the same and you kind of need to be trained on
12 specific machines. And so we try and get people trained on as
13 many machines as possible. But I've never been to the Anaheim
14 site, for instance, so I wouldn't really know what I was doing
15 too much on one of their machines. But we have people -- we
16 very quickly try and get people trained on more than one
17 machine to be able to get coverage in different places and
18 stuff, and stay very fluid like that.
19 Q Okay.
20 MR. CARMODY: I'm going to move to strike the witness'
21 testimony to the effect, "We try to get everybody trained on
22 these machines."
23 HEARING OFFICER SIMMONS: Overruled, but noted.
24 MS. HOFFMAN: I have no other -- I have no further
25 questions. Did I move for Union Exhibit 4 to be entered?

1 HEARING OFFICER SIMMONS: No. I -- no. Same objection,
2 correct? Yes. We already addressed this. Union Exhibit 4 is
3 entered into evidence.
4 **(Union Exhibit Number 4 Received into Evidence)**
5 HEARING OFFICER SIMMONS: Mr. Carmody, cross?
6 MR. CARMODY: Just a few minutes, please, Mr. Hearing
7 Officer?
8 HEARING OFFICER SIMMONS: That's fine.
9 MR. CARMODY: Thank you.
10 HEARING OFFICER SIMMONS: I have questions, too, that I
11 will be asking based off his testimony.
12 MR. CARMODY: Do you want to go first?
13 HEARING OFFICER SIMMONS: No. I need to look at my --
14 MR. CARMODY: Okay.
15 HEARING OFFICER SIMMONS: -- cheat sheet.
16 Off the record.
17 THE COURT REPORTER: We're going off the record?
18 HEARING OFFICER SIMMONS: Yeah.
19 (Off the record at 4:45 p.m.)
20 HEARING OFFICER SIMMONS: All right. We're back on the
21 record.
22 I have a few questions -- correction. Mr. Carmody, do you
23 have any questions?
24 MR. CARMODY: No, sir.
25 HEARING OFFICER SIMMONS: Okay. Ms. Hoffman?

1 MS. HOFFMAN: No.
2 HEARING OFFICER SIMMONS: Okay. I do have some questions.
3 I believe you previously stated that Barbara Stewart prepares
4 the schedule and that other people prepare the schedule. Who
5 else prepares the schedule?
6 THE WITNESS: My understanding is the individual leads from
7 different departments would be setting that schedule up, but I
8 can't --
9 HEARING OFFICER SIMMONS: How do you know?
10 THE WITNESS: Because I know that Barbara Stewart doesn't
11 set the schedule for x-ray and I know somebody in x-ray must
12 have the schedule for x-ray because she's not in charge of that
13 modality. So I assume somebody else does.
14 HEARING OFFICER SIMMONS: Okay. So you --
15 THE WITNESS: But that's not -- I don't know --
16 HEARING OFFICER SIMMONS: You don't know?
17 THE WITNESS: -- specifically who --
18 HEARING OFFICER SIMMONS: Okay.
19 THE WITNESS: -- or anything like that.
20 HEARING OFFICER SIMMONS: When you work at -- correction.
21 Again, how many locations do you work at?
22 THE WITNESS: Regularly I work at two. My normal -- normal
23 week, I work at two different locations.
24 HEARING OFFICER SIMMONS: And what are those two locations?
25 THE WITNESS: Santa Ana and -- it's West Coast Santa Ana

1 and West Coast Irvine. I -- at times I'm asked to work other
2 places, and I will work other places.
3 HEARING OFFICER SIMMONS: All right. And what are those
4 other locations that you've been asked to work at?
5 THE WITNESS: I have also worked at West Coast South Coast,
6 I've worked at Orange Advanced Imaging, and I've worked at
7 Garden Grove Advanced Imaging.
8 HEARING OFFICER SIMMONS: All right. When you work at
9 these locations, who supervises you, starting with West Coast
10 South Coast or -- did I get that name correct?
11 THE WITNESS: Supervises -- it's a big --
12 HEARING OFFICER SIMMONS: If you have an issue at work, who
13 do you report it to?
14 THE WITNESS: I would report to either my lead, Barbara
15 Stewart or I would report to the individual site manager of
16 that site.
17 HEARING OFFICER SIMMONS: Okay. So do individual site
18 managers supervise you as well -- aside from Barbara Stewart?
19 THE WITNESS: Yes. In like -- in their capacity.
20 HEARING OFFICER SIMMONS: Okay. All right. I'm done with
21 my questions.
22 Mr. Carmody, did you recall it?
23 MR. CARMODY: Just briefly, actually.
24 **CROSS-EXAMINATION**
25 Q BY MR. CARMODY: Sir, if I understood your testimony

1 correctly, and please tell me if I didn't, you testified that
2 you regularly work at two locations, those being West Coast
3 Santa Ana and West Coast Irvine?
4 A That's correct.
5 Q Okay. And when you say you regularly work at those two
6 locations, can you be a little bit precise --
7 A Sure.
8 Q -- more precise in --
9 A Absolutely. That is my set schedule. My -- I'm a full-
10 time employee. My set schedule involves those two sites. So
11 on a regular basis, every week, other than circumstances where
12 I'm asked to work elsewhere, that is -- my normal schedule
13 those two sites.
14 Q Okay. And then I think you may have testified --
15 A Sure.
16 Q -- to this already, but just for my edification, your
17 regular schedule has you working at those two sites?
18 A That's correct.
19 Q And what is the shift differential between -- or
20 distribution, rather, the shift --
21 A Oh, as far as the -- the amount? It's -- four of the five
22 days I would be at Santa Ana, one of the days I would be at
23 Irvine on a regular basis.
24 Q Okay. Thank you, sir.
25 A Of course.

1 MR. CARMODY: Those are the questions I had, Mr. Hearing
2 Officer. Thank you.
3 HEARING OFFICER SIMMONS: Ms. Hoffman?
4 MS. HOFFMAN: Nothing further.
5 HEARING OFFICER SIMMONS: All right. Thank you,
6 Mr. Hodgens.
7 THE WITNESS: Thank you.
8 HEARING OFFICER SIMMONS: You're free.
9 All right. Off the record.
10 (Off the record at 4:57 p.m.)
11 HEARING OFFICER SIMMONS: Back on the record.
12 All right. The hearing has not been completed, but is
13 adjourned. The hearing will continue on September 4th at
14 9 a.m. in the room we are in now.
15 Is there anything else?
16 MR. CARMODY: Not at this time, Mr. Hearing Officer. Thank
17 you.
18 HEARING OFFICER SIMMONS: Okay. Ms. Hoffman?
19 MS. HOFFMAN: No.
20 HEARING OFFICER SIMMONS: All right. The record's
21 closed -- or off record.
22 **(Whereupon, the hearing in the above-entitled matter was**
23 **recessed at 4:59 p.m. until Tuesday, September 4, 2018 at 9:00**
24 **a.m.)**
25

1 **C E R T I F I C A T I O N**

2 This is to certify that the attached proceedings before the
3 National Labor Relations Board (NLRB), Region 21, Case Number
4 21-RC-226166, Radnet Management, Inc. and National Union of
5 Healthcare Workers, at the National Labor Relations Board,
6 Region 21, 888 South Figueroa Street, 9th Floor, Los Angeles,
7 California 90017, on August 31, 2018, at 2:14 p.m. was held
8 according to the record, and that this is the original,
9 complete, and true and accurate transcript that has been
10 compared to the reporting or recording, accomplished at the
11 hearing, that the exhibit files have been checked for
12 completeness and no exhibits received in evidence or in the
13 rejected exhibit files are missing.
14
15 Claudine Metoyer
16 CLAUDINE METOYER
17 Official Reporter
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OFFICIAL REPORT OF PROCEEDINGS

BEFORE THE

NATIONAL LABOR RELATIONS BOARD

REGION 21

In the Matter of:

Radnet Management, Inc., Case No. 21-RC-226166

Employer,

and

National Union of Healthcare
Workers,

Petitioner.

_____

_____

Place: Los Angeles, California

Dates: September 4, 2018

Pages: 82 through 246

Volume: 2

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**UNITED STATES OF AMERICA**

**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**REGION 21**

| In the Matter of:<br><br>RADNET MANAGEMENT, INC.,<br><br>EMPLOYER,<br><br>and<br><br>NATIONAL UNION OF HEALTHCARE WORKERS,<br><br>PETITIONER. | Case No. 21-RC-226166 |
|---|---|

The above-entitled matter came on for hearing, pursuant to notice, before **STEPHEN W. SIMMONS**, Hearing Officer, at the National Labor Relations Board, Region 21, 888 South Figueroa Street, 9th Floor, Los Angeles, California 90017, on **Tuesday, September 4, 2018, 9:24 a.m.**

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1 **I N D E X**

2


| 3 WITNESS | DIRECT | CROSS | REDIRECT | RECROSS | VOIR DIRE |
|---|---|---|---|---|---|
| 4 Scott Takao | 86 | 106 | | | 94 |
| 5 Brittany Clark | 112 | | | | |
| 6 Grace Tseng | 119 | | | | 121 |
| 7 Robin Robles | 125 | | | | |
| 8 Dianna Agzour | 129 | 135 | 142 | | |
| 9 Yeril Barlup | 144 | 147 | 153 | | |
| 10 Zachary Hodgens | 157 | | | | |
| 11 Hiendrick Vartani | 160 | 201 | | | |


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1 **E X H I B I T S**

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| 3 EXHIBIT | IDENTIFIED | IN EVIDENCE |
|---|---|---|
| 4 **Employer:** | | |
| 5 E-3 | 166 | 166 |
| 6 E-4 | 176 | 176 |
| 7 E-5 | 178 | 178 |
| 8 E-6 | 186 | 186 |
| 9 E-7 | 196 | 196 |
| 10 E-8 | 196 | 196 |
| 11 E-9 | 197 | 197 |
| 12 | | |
| 13 **Union:** | | |
| 14 U-5 | 92 | 98 |
| 15 U-6 | 100 | 102 |
| 16 U-7 | 124 | 124 |
| 17 U-8 | 120 | 121 |
| 18 U-9 | 135 | 135 |

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1 **P R O C E E D I N G S**

2 HEARING OFFICER SIMMONS: On the record in continuance of
3 the matter of RadNet Management Incorporated, case number 21-
4 RC-226166. Ms. Hoffman, you may call your next witness.
5 Please raise your right hand.
6 Whereupon,
7 **SCOTT TAKAO**
8 having been duly sworn, was called as a witness herein and was
9 examined and testified as follows:
10 HEARING OFFICER SIMMONS: All right, please be seated.
11 Please state your name and spell it for the record.
12 THE WITNESS: My name is Scott Takao, last name is
13 T-A-K-A-O, first name S-C-O-T-T.
14 HEARING OFFICER SIMMONS: Ms. Hoffman, you many proceed.
15 MS. HOFFMAN: Uh-huh.
16 **DIRECT EXAMINATION**
17 Q BY MS. HOFFMAN: Okay. By whom are you employed?
18 A RadNet.
19 Q And what is your classification?
20 A I'm a lead MRI technologist.
21 Q And how long have you held that position?
22 A The lead is about two years now.
23 Q Okay. And can you give us some background about how you
24 became employed by RadNet?
25 A Yeah, about four years ago I was working for a company

1 that was acquired by RadNet. It was a privately owned imaging
2 facility.
3 Q And what was the name of it?
4 A Liberty Pacific Medical Imaging.
5 Q Okay. And where was that?
6 A In Signal Hill.
7 Q Okay. And just -- can you just briefly say how you became
8 an employee of RadNet?
9 A Okay. So they acquired us and on the first day that
10 RadNet took over, we became RadNet employees, and pretty much
11 lost our seniority from the first company and then basically
12 become a RadNet employee on day one there.
13 Q Okay. And how long did you remain at Signal Hill?
14 A Signal Hill, I -- 90 days. They put us on a 90-day
15 probationary period and so on the 90th day I was informed that,
16 you know, I was no longer needed as a chief technologist,
17 and -- but I had the option of staying with the company as a
18 float MRI tech for lesser pay if I wanted that position.
19 Q And where was -- where would the float be located?
20 A It was floating throughout Orange County, Irvine, Santa
21 Ana, Orange Advanced.
22 Q And so approximately when did you become a float MRI tech?
23 A The 90th day after RadNet took over.
24 Q So that was about -- was that about four years ago?
25 A Yeah about.

1 Q And how long were you in the position as a float?
2 A Float for about two years.
3 Q Okay. And when you floated, can you be specific about
4 what -- how you were scheduled and where you were scheduled?
5 A Well, correction, I was a float for about a year.
6 Q Okay.
7 A And basically, I would look -- go onto the Google doc and
8 have to check a daily.
9 Q And --
10 A And --
11 Q And where would -- and which facilities in Orange County
12 would you be floating to?
13 A I floated to Irvine, Orange Advanced Imaging, South Coast,
14 and Santa Ana.
15 Q And at some point, did you become a regular full-time
16 employee?
17 A I was still full time.
18 Q Oh, you were full time as a float?
19 A Yeah, I was full-time float.
20 Q Okay. And at some point did you change your positions to
21 no longer be a float?
22 A To no longer? After about a year a position came open at
23 South Coast that had set hours, weekends off, and so I
24 really -- I told Angel, he was in charge at the time, that I'd
25 like that position if possible. And so I was able to get it.

1 Q And who is Angel?
2 A Angel, he was kind of like the chief tech at the time,
3 kind of like Barbara Stewart now.
4 Q And when you -- when did you begin at South Coast?
5 A It would be two, three years ago with another reduction in
6 pay.
7 Q Okay. And when you were assigned to South Coast, have you
8 worked at other facilities?
9 A I'm sorry?
10 Q Since you've been a -- became an MRI tech at South Coast,
11 have you worked at other facilities?
12 A When I was at South Coast three years ago, no, I didn't
13 have to go anywhere else.
14 Q Okay. And where are you now?
15 A I'm at Orange Advanced Imaging.
16 Q And how long have you been there?
17 A For about two years.
18 Q And at Orange Advanced do you work at other locations?
19 A No.
20 Q Are there other employees that you work with at Orange
21 Advanced, other techs that come from other facilities to work
22 there?
23 MR. CARMODY: Objection. Lack of foundation.
24 HEARING OFFICER SIMMONS: Sustained.
25 Q BY MS. HOFFMAN: Okay. Do you know if other techs come

1 from other facilities to work at Orange Advanced?
2 A Yes, they do.
3 Q And how do you know that?
4 A I -- they fill in for the other tech that works in the
5 evening. If she wants a day off, then they'll send a float
6 tech over to cover.
7 Q Okay. So who is the tech that works in the evening?
8 A Her name is Stella Joseph.
9 Q And who are the floats that may come to work for her from
10 time to time?
11 A A variety. It could be Freida Ibanez, Brittany Clark has
12 covered.
13 Q And is Freida assigned to any other location?
14 MR. CARMODY: Objection. Lack of foundation.
15 Q BY MS. HOFFMAN: If you know? Do you know if Freida is
16 assigned to another location?
17 A Yeah. She normally works South Coast now. Once I left
18 South Coast, she took that position.
19 MR. CARMODY: Move to strike. Lack of foundation.
20 HEARING OFFICER SIMMONS: Overruled.
21 Q BY MS. HOFFMAN: Okay. You were here for some of the
22 prior testimony. Do you get your -- do you look at your
23 schedule off of Google docs?
24 A Uh-huh, yeah.
25 MR. CARMODY: Objection. Compound question.

1 HEARING OFFICER SIMMONS: Sustained.
2 Q BY MS. HOFFMAN: Do you get your schedule off of Google
3 docs?
4 A Yes.
5 Q Okay. And I'm going to show you Union Exhibit 1 which I
6 made extra copies of. I think everybody else has it. Do you
7 recognize this schedule?
8 A Yes, I do.
9 Q Okay. And where are you on this schedule?
10 A Let's see. I'm under OAI on the left-hand side, first
11 page, but this one is blank. So my initials are ST. I was on
12 vacation that week.
13 Q Okay. So on the third page, all the way on the right-hand
14 column it says ST vacation; is that you?
15 A Yeah, that's me.
16 Q Okay. On the sixth page at the bottom is that you?
17 A Six at the bottom, yes, that's me.
18 Q And who's the SJ?
19 A That's Stella Joseph.
20 Q Okay. And do you look at the Google docs schedule to
21 determine when you're working?
22 MR. CARMODY: Objection. Leading.
23 HEARING OFFICER SIMMONS: Sustained.
24 Q BY MS. HOFFMAN: How do you determine when you're working?
25 A I look at the Google docs on my phone.

1 Q Okay. And when you look at the Google docs, can you tell
2 if other employees are looking at the Google docs?
3 MR. CARMODY: Objection. Calls for speculation.
4 HEARING OFFICER SIMMONS: Sustained.
5 MS. HOFFMAN: I'm going to mark as Union Exhibit 5, and
6 I'll have the witness give the foundation --
7 **(Union Exhibit Number 5 Marked for Identification)**
8 Q BY MS. HOFFMAN: What is Union Exhibit 5?
9 A This is a screenshot of the Google docs.
10 Q And is this your screenshot of the Google docs?
11 A Yes.
12 Q Okay. And so can you tell me how you get into Google docs
13 to look at it?
14 A I have it on my phone, and so I'll just access the app,
15 and then it's exactly like this view. It shows you who's
16 currently viewing it up on the other -- it will show you who
17 has edited it recently.
18 Q Okay. So the little -- the icon at the very top that
19 looks like a paragraph, what is that icon?
20 MR. CARMODY: I'm sorry for this. I don't know what
21 you're referencing.
22 MS. HOFFMAN: Okay. Those little icons at the top?
23 MR. CARMODY: Yes.
24 THE WITNESS: These ones?
25 MS. HOFFMAN: Yes.

1 Q BY MS. HOFFMAN: So which icon shows you who has edited
2 it?
3 A Actually, it's not viewable on this one, but if you had
4 the full view --
5 Q Yeah.
6 A -- it would be kind of up in this corner, like, it kind of
7 says, like, Tammy last edited it on this date or --
8 MR. CARMODY: Objection. I'm sorry, were you finished,
9 sir?
10 THE WITNESS: Yeah.
11 MR. CARMODY: Move to strike with the grounds of the best
12 evidence rule.
13 HEARING OFFICER SIMMONS: Overruled. The reader of the
14 record will afford whatever weight is appropriate.
15 Mr. Takao, when you reference your exhibits, can you
16 articulate it for the record?
17 THE WITNESS: Sure.
18 HEARING OFFICER SIMMONS: So when you said -- you pointed
19 to something --
20 MS. HOFFMAN: Okay. So --
21 HEARING OFFICER SIMMONS: -- on an exhibit, Union Exhibit
22 1, correct?
23 THE WITNESS: Exhibit 1, yes.
24 HEARING OFFICER SIMMONS: Yes.
25 MS. HOFFMAN: This was Exhibit 5.

1 HEARING OFFICER SIMMONS: Oh, 5.

2 THE WITNESS: 5, okay.

3 MS. HOFFMAN: Yeah. I'm going to move for entry of Union

4 Exhibit 5.

5 HEARING OFFICER SIMMONS: Any objections?

6 MR. CARMODY: One moment, Mr. Hearing Officer. Voir dire,

7 Mr. Hearing Officer?

8 HEARING OFFICER SIMMONS: By all means.

9 MR. CARMODY: Okay. Mr. --

10 MS. HOFFMAN: Before we voir dire, I was wondering if the

11 Employer could just stipulate that these are the schedules and

12 that's how they have access, since they know, and it's

13 completely within their control.

14 HEARING OFFICER SIMMONS: Mr. Carmody wants to voir dire

15 the witness. By all means, go ahead.

16 MR. CARMODY: I'm sorry, sir?

17 HEARING OFFICER SIMMONS: Would you like to conduct voir

18 dire?

19 MR. CARMODY: Yes, sir.

20 HEARING OFFICER SIMMONS: Go on.

21 MR. CARMODY: Okay.

22 **VOIR DIRE EXAMINATION**

23 Q BY MR. CARMODY: I'm sorry, Mr. Takao?

24 A Takao.

25 Q Takao, I'm sorry. I'm terrible with names.

1 A No, that's fine.
2 Q If I mispronounce it it's not deliberate. So I've got
3 some questions for you concerning this document, Union Exhibit
4 5. As I understood your testimony in response to Ms. Hoffman's
5 question, this document is a screenshot of your iPhone?
6 A Yeah, Samsung.
7 Q Sorry, Samsung. And the box that's in the lower left-hand
8 column, or corner, rather, of the document that begins with the
9 heading current viewers, do you see that, sir?
10 A Uh-huh. Yes.
11 Q If I understood your testimony correctly, that reflects,
12 so far as you know, other people who are viewing this same
13 picture on your phone at the same time you are?
14 A Yeah.
15 Q Is that correct?
16 A Yes.
17 Q Okay. And in looking above, you see the word notes. It's
18 in the color blue?
19 A Yes.
20 Q Okay. Do you have any idea who -- do you know for a
21 fact -- do you have certainty, I guess, is really my question
22 as to who inputted the different information that's under the
23 heading notes?
24 A Those, no.
25 Q Okay. Thank you, sir.

1 MR. CARMODY: Mr. Hearing Officer, I would object to the
2 admission of this document inasmuch as the Union would be
3 relying upon it with respect to any information under the
4 heading notes in blue, otherwise no objection.
5 HEARING OFFICER SIMMONS: Sustained. Union e --
6 MS. HOFFMAN: The notes in blue are from the document.
7 HEARING OFFICER SIMMONS: To the author?
8 MS. HOFFMAN: I'm confused because everything under the
9 notes in blue is the notes section of the radiology schedule
10 that is from a business record of the Employer. And I, again,
11 I think that the Employer instead of objecting to these -- to
12 the evidence as hearsay should stipulate that they're the
13 business records of the Employer, of the schedule, unless they
14 have other schedules, they know that it's their business
15 record. And it's really disingenuous of them to be objecting
16 to hearsay records that are business records of their -- of the
17 Employer.
18 MR. CARMODY: There's a lot that I could say to that, but
19 it might not be necessary. I've given my position, Mr. Hearing
20 Officer, on what this document would be appropriate for and
21 what it wouldn't be appropriate for as a matter of evidence.
22 MS. HOFFMAN: Well, the notes --
23 HEARING OFFICER SIMMONS: Ms. Hoffman, what do you seek to
24 admit this evidence for?
25 MS. HOFFMAN: I'm seeking to admit the evidence -- first

1 of all, the notes are the notes from the schedule that are the
2 business document of the Employer, but it's also admitted to
3 show that other employees have access to it throughout Orange
4 County.
5 MR. CARMODY: That, Mr. Hearing Officer, is in essence
6 testimony that really needs to come through a witness. At this
7 moment, we're dealing with this gentleman and he has testified
8 as to what he knows concerning this document and what he
9 doesn't know. And I'm looking to admit -- I'm looking to
10 address the admission of this document just consistent with the
11 reflection of this gentleman's testimony.
12 MS. HOFFMAN: For the record, is the Employer taking the
13 position that Union Exhibit 1 and 4 are not business documents
14 of the -- of RadNet.
15 MR. CARMODY: Union Exhibit 1 is already in evidence.
16 HEARING OFFICER SIMMONS: We're discussing Union Exhibit 5
17 right now.
18 MS. HOFFMAN: Okay.
19 MR. CARMODY: Yeah. I'm not taking a position one way or
20 the other. I'm not obligated to do that, and for now
21 respectfully, I choose not to do that.
22 HEARING OFFICER SIMMONS: All right.
23 MR. CARMODY: Our position I think is clear. I think it's
24 fair and I think it's right.
25 HEARING OFFICER SIMMONS: I'm going to sustain the

1 Employer's objection and admit this into evidence. Union
2 Exhibit 5 is received into evidence.
3 **(Union Exhibit Number 5 Received into Evidence)**
4 MS. HOFFMAN: Okay. Well, I'm -- I would like a motion to
5 the regional director because, first of all, the Employer is
6 giving access to Google docs to all these employees that are on
7 the radiology schedule. And these employees know that other
8 employees are viewing it and looking at the schedule. And this
9 is a document showing that.
10 The Employer refuses to stipulate to a practice that is
11 being done by the Employer just for the purpose of not having a
12 multi-facility location. So the Employer, although the Union
13 has the burden of proof, this particular document has given
14 access to all the employees through -- that are on the schedule
15 through Google docs. And they have access through Google docs;
16 anyone that uses Google docs can see who also can view it.
17 Do I need to bring someone from Google docs to testify?
18 HEARING OFFICER SIMMONS: No, you don't. So again, what
19 is your motion then?
20 MS. HOFFMAN: My motion is that --
21 HEARING OFFICER SIMMONS: Motion for reconsideration?
22 MS. HOFFMAN: Yes, a motion for reconsideration.
23 HEARING OFFICER SIMMONS: We're off the record.
24 (Off the record at 9:42 a.m.)
25 HEARING OFFICER SIMMONS: Okay. The motion for

1 reconsideration is denied.

2 **DIRECT EXAMINATION (RESUMED)**

3 Q BY MS. HOFFMAN: Scott, if -- when you're reviewing your
4 schedule in Google docs, if there's a problem with it, what do
5 you do?
6 A I would call or email Barbara Stewart or Lisa Gordon, the
7 site manager.
8 Q Okay. So Barbara Stewart is the lead?
9 A Yes.
10 Q And the site manager is who?
11 A Lisa Gordon.
12 Q And she's the site manager where?
13 A At Orange Advanced Imaging.
14 Q Would you be able to change the schedule yourself?
15 A No.
16 Q Okay. So you call one of them and then what happens?
17 A Then I just tell them what I need changed, if I need a day
18 off, or coverage, and then they would -- they have the access
19 to get in and change it.
20 Q Okay. So from time to time have you called Barbara about
21 the schedule?
22 A Yes.
23 Q And did she resolve it?
24 A Yes, she -- I was asking for vacation time and she edited
25 the schedule, made it happen.

1 Q Okay. When would you have to go to Lisa Gordon?
2 A I usually contact both of them in case one of them is off
3 just so I have my bases covered.
4 Q Okay. And this is done by phone?
5 A Usually email so I have a record.
6 Q Is it sometimes by phone, too, then?
7 A Could be.
8 Q Okay.
9 A Or text, yeah, phone.
10 Q But as an MRI tech, you don't have any ability to actually
11 change the schedule?
12 A No.
13 Q You just have the ability to view it?
14 A Yes.
15 MS. HOFFMAN: Okay. I want to mark as Union Exhibit 5 the
16 RadNet Management employee handbook, oh, it's 6, you know,
17 because you object to 5.
18 **(Union Exhibit Number 6 Marked for Identification)**
19 MR. CARMODY: And, Mr. Hearing Officer, just for the sake
20 of for your record, we would reaffirm our standing objection
21 concerning counsel's descriptions of documents that are marked
22 for identification purposes.
23 HEARING OFFICER SIMMONS: Sustained.
24 Q BY MS. HOFFMAN: Scott, can you tell me what Union 6 is?
25 A It's the employee handbook.

1 Q Okay. And how do you, as an employee, get a copy of the
2 employee handbook?
3 A It's listed in our ADP, in our time clock. Once we go to
4 clock in, you can view it right there.
5 Q Okay. So can you describe how you clock in?
6 A It's on our computers under the ADP software. We just
7 have to log in and computer clock in.
8 Q So do all techs clock in by ADP?
9 MR. CARMODY: Objection. Lack of foundation.
10 MS. HOFFMAN: If you know?
11 HEARING OFFICER SIMMONS: If you know?
12 THE WITNESS: The people I work with do.
13 MS. HOFFMAN: Okay.
14 Q BY MS. HOFFMAN: And are you given an employee
15 identification number to clock in? How does it work?
16 A We have a password, username password.
17 Q And what kind of files do you have access to through ADP?
18 A Through our paystubs, medical benefits, time clock, we can
19 view our vacation, PTO, sick time.
20 Q And --
21 MR. CARMODY: I would move to strike the witness' answer
22 inasmuch as the answer covers the activities of anyone aside
23 from himself.
24 HEARING OFFICER SIMMONS: Overruled.
25 Q BY MS. HOFFMAN: And did you print this handbook from ADP?

1 A No.

2 Q Okay. Is this handbook what you have access to through

3 ADP?

4 A Yes.

5 Q Okay.

6 MS. HOFFMAN: I'm going to move for entry of Union Exhibit

7 6.

8 HEARING OFFICER SIMMONS: Any objections? You have no

9 objection, correct? Okay.

10 MR. CARMODY: No objection.

11 HEARING OFFICER SIMMONS: Hearing no objections, Union

12 Exhibit 6 is received into evidence.

13 **(Union Exhibit Number 6 Received into Evidence)**

14 Q BY MS. HOFFMAN: Okay. Who is Tim Chavez?

15 A He's the regional director of Orange County.

16 Q And have you ever spoken with Tim Chavez?

17 A Yes.

18 Q Okay. And did you -- can you tell us when you've spoken

19 to Tim Chavez?

20 A I -- yeah, exactly about two years ago when I was asking

21 for a raise.

22 Q Okay. Can you tell us how that came about?

23 MR. CARMODY: Objection. Relevance.

24 HEARING OFFICER SIMMONS: Ms. Hoffman?

25 MS. HOFFMAN: I'm trying to show that the wages are -- for

1 the region are set by --

2 MR. CARMODY: We should excuse the witness.

3 HEARING OFFICER SIMMONS: Off the record.

4 (Off the record at 9:57 a.m.)

5 Q BY MS. HOFFMAN: What happened when you asked -- who did

6 you ask for a raise initially?

7 A Lisa Gordon, the site manager.

8 Q And what did Lisa tell you?

9 MR. CARMODY: Just objection, standing objection, to this

10 line of questioning concerning conversations that happened two

11 years ago on the grounds of relevance.

12 HEARING OFFICER SIMMONS: Overruled.

13 THE WITNESS: Can you repeat the question?

14 Q BY MS. HOFFMAN: Okay. What did -- when you talked to

15 Lisa -- okay. What did Lisa --

16 A Oh.

17 Q -- Gordon tell you when you talked to her?

18 A She said I had to talk to Tim Chavez.

19 Q And did you?

20 MR. CARMODY: Objection. Move to strike on the grounds of

21 hearsay.

22 HEARING OFFICER SIMMONS: Overruled.

23 Q BY MS. HOFFMAN: Did she tell you why you had to talk to

24 Tim Chavez?

25 A Because he was in charge. He has the final say.

1 Q Okay.

2 MR. CARMODY: Standing objection, please, Mr. Hearing

3 Officer.

4 HEARING OFFICER SIMMONS: Overruled.

5 Q BY MS. HOFFMAN: Did you call Tim Chavez?

6 A Yes.

7 Q And did you speak to Tim Chavez?

8 A Yes.

9 Q And what did you ask him?

10 A I told him I had another job offer that paid higher and

11 would they be willing to at least match it.

12 Q And what did he say?

13 A He -- after a few minutes said no.

14 Q Okay. Other than that conversation with Tim Chavez what

15 other -- have you had other contact with Tim Chavez?

16 A Just through email. He's come by the facility once

17 probably and I said hi.

18 Q Let's see. Were you -- did you receive the email from Tim

19 Chavez about the Christmas party?

20 A Yes.

21 Q Okay. And I'm going to show you Union Exhibit 3. Is

22 this -- are you on this email?

23 A Let's see. Yeah, I don't see my name on this.

24 Q But you did receive an email about the Christmas party?

25 A Yes.

1 Q Okay. Did you attend the Christmas party?
2 A Not this year.
3 Q Okay.
4 A Last year.
5 Q So do they have an annual region-wide Christmas party?
6 A Yes.
7 Q And as an MRI tech, what kind of license do you hold?
8 A I'm certified by the ARRT, American Registry of Registered
9 Technologists, that's a national certification, and then a
10 state license with the California Department of Health, CRT.
11 Q And what kind of educational background do you have?
12 A I have a bachelor degree in medical imaging.
13 MS. HOFFMAN: Okay. The Union rests subject to calling
14 this witness back on the issue of guards.
15 HEARING OFFICER SIMMONS: Understood. Mr. Carmody, any
16 cross?
17 MR. CARMODY: When you say you rest --
18 MS. HOFFMAN: I mean we rest with this witness. I don't
19 have any other questions, but I want to leave it open that he
20 can come back and testify on the issue of guards. That's all I
21 meant.
22 MR. CARMODY: Okay. Just two quick minutes.
23 HEARING OFFICER SIMMONS: That's fine.
24 MR. CARMODY: Please, Mr. Hearing Officer.
25 HEARING OFFICER SIMMONS: Okay.

1 MR. CARMODY: Thank you.

2 HEARING OFFICER SIMMONS: Come back at 10:05. Off the

3 record.

4 (Off the record at 10:02 a.m.)

5 **CROSS-EXAMINATION**

6 Q BY MR. CARMODY: Mr. Takao, I want to get at -- if I --

7 I'm Bryan Carmody, if I didn't introduce myself before. I'm

8 RadNet's attorney in these proceedings. I do have some

9 questions for you. So I'd like to talk with you about the site

10 manager, and, at your current center, what is it that you

11 consider your current center, your home center, if you will?

12 A It's Orange Advanced Imaging.

13 Q Okay. And who is the site manager there?

14 A Lisa Gordon.

15 Q And for what period of time, roughly, has Lisa been the

16 site manager of Orange Advanced Imaging, if you know?

17 A Roughly -- as far as I know, at least ten years.

18 Q So for the entire time you've been assigned to Orange

19 Advanced Imaging as your home center, as I'll call it, she has

20 been the site manager, right?

21 A Yes.

22 Q Okay. And sir, would it be fair to say that, as the site

23 manager for this site, Ms. Gordon is responsible for the day to

24 day affairs of that center?

25 A Yes.

1 Q Would that be fair to say?
2 A Yes.
3 Q Would it also be fair to say, sir, that Ms. Gordon, as the
4 site manager, has the authority to direct your work duties.
5 Would that be fair to say?
6 A Yes.
7 Q To be a little bit more specific about it, would you agree
8 with me that Ms. Gordon would have the authority to assign you
9 to perform particular procedures?
10 A Assign me. It's not -- what type of procedures?
11 Q Well, you're an MRI tech, right?
12 A Yes.
13 Q Okay. So would she have the authority -- in your
14 experience working with her, has she, from time to time, given
15 you instructions in terms of when to perform a particular
16 procedure, when not to, as part of sort of management of work
17 flow? Would that all be fair to say?
18 A It doesn't really happen in a sense. I mean, we have our
19 schedule, our work schedule, and she's not really involved in
20 my daily work flow.
21 Q But there are changes. Wouldn't it be right to say there
22 are changes from time to time in terms of work flow? Patients
23 might not show up for their procedure, right?
24 A Yes.
25 Q That happens on occasion.

1 A Mm-hmm.
2 Q And when that happens, the work flow would be affected.
3 Is that fair to say?
4 A Yes.
5 Q And would it also be fair to say that, in these
6 circumstances, that Ms. Gordon would have the authority to make
7 changes in terms of how the work flow is going to run in light
8 of these changed circumstances?
9 A Yes.
10 Q Is it -- you have a performance review, I take it, on a
11 year to year basis or on some regular basis? Is that right?
12 A Not since I've been with RadNet.
13 Q Okay.
14 A Have --
15 Q I'm sorry. You finished with your answer?
16 A I'll -- yeah, I haven't had a review if --
17 Q You have not had a formal performance review meeting with
18 anyone at your center?
19 A Yeah, never.
20 Q And sir, would it be fair to say that the site manager has
21 the authority to tell you when it would be a good time to take
22 your break? Is that a fair thing to say?
23 A Sure.
24 Q Would it also be fair to say, sir, that the site manager
25 has the authority to send you home -- strike that. Let's think

1 about a particular situation, something specific, and let me
2 know if this is something that can happen in practice. You
3 have patients who are scheduled for their MRI services, right?
4 A Yes.
5 Q And they're scheduled for these services at different
6 times during the day, right?
7 A Yes.
8 Q And let's say it's toward the end of the day, and this is
9 one of those occasions where the patient calls and says
10 something came up, I can't be there, or a no-show. Do things
11 like that happen from time to time?
12 A Yes.
13 Q Okay. And now, unexpectedly, you're in a circumstance, if
14 we suppose that you were the MRI tech assigned to this
15 patient's procedure where there's no procedure to perform, in
16 these circumstances, would it be fair to say that the site
17 manager for you, Ms. Gordon, would have the authority to come
18 to you and say, listen, I know you're going to be performing
19 this procedure, but here's what I would like for you to do
20 instead, to direct your work duties in this kind of setting?
21 Would that be fair to say?
22 A I just have never encountered that, so --
23 Q If it's something that you did encounter, would it be your
24 expectation that Ms. Gordon would be in a position to direct
25 your work duties?

1 MS. HOFFMAN: Objection, speculative.
2 HEARING OFFICER SIMMONS: Sustained.
3 Q BY MR. CARMODY: Has it been your experience, sir, that
4 you've been sent home early by Ms. Gordon when there is no work
5 there for you to perform?
6 A No, I've never been sent home.
7 Q Now, sir, do you have familiarity with the MRI services
8 that are offered by some of the other centers in Orange County?
9 A Somewhat.
10 Q And isn't it the case, sir, that there are lots of
11 different kinds of MRI procedures, right?
12 A Yes.
13 Q MRIs can be performed on all sorts of different parts of a
14 body, right?
15 A Yes.
16 Q And they're performed for all sorts of different clinical
17 reasons, correct?
18 A Yes.
19 Q And isn’t it the case, sir, that different centers within
20 Orange County that offer MRI, they don't offer precisely the
21 same type of MRI procedure, correct?
22 A Yes.
23 Q And different kinds of equipment are used; is that right?
24 A And isn't it also true, sir, that, when you use different
25 equipment, you may need special skills in order to operate that

1 equipment and perform that procedure appropriately; is that --
2 A Yes.
3 Q -- correct? And sir, is it the case that with respect to
4 MRI, your modality, some of the centers would think Orange
5 County offered that service on the weekend, whereas others do
6 not, correct?
7 A Yes.
8 Q Thank you for answering my questions, sir.
9 HEARING OFFICER SIMMONS: Redirect?
10 MS. HOFFMAN: Nothing further.
11 HEARING OFFICER SIMMONS: All right. Mr. Takao, you're
12 released.
13 MR. TAKAO: Thank you.
14 HEARING OFFICER SIMMONS: Ms. Hoffman, your next witness?
15 MS. HOFFMAN: Can I have five minutes?
16 HEARING OFFICER SIMMONS: That's fine. Go off the record.
17 (Off the record at 10:14 a.m.)
18 HEARING OFFICER SIMMONS: Ms. Hoffman, you may call your
19 next witness.
20 MS. HOFFMAN: Okay then.
21 Whereupon,
22 **BRITTANY CLARK**
23 having been duly sworn, was called as a witness herein and was
24 examined and testified as follows:
25 HEARING OFFICER SIMMONS: Please be seated. Please state

1 and spell your name for the record.

2 THE WITNESS: Brittany Clark, B-R-I-T-T-A-N-Y, Clark,

3 C-L-A-R-K.

4 **DIRECT EXAMINATION**

5 Q BY MS. HOFFMAN: Brittany, by whom are you employed?

6 A RadNet.

7 Q Okay. And how long have you worked for RadNet?

8 A About a year.

9 Q Okay. And what is your position?

10 A MRI tech.

11 Q And are you full-time?

12 A I'm per diem.

13 Q You're per diem. Okay. Can you describe how you were

14 hired by RadNet?

15 A I was a student in Irvine, and, after eight months, they

16 took interest in me and hired me.

17 Q Okay. Were you hired as a per diem?

18 A Yes.

19 Q Okay. And where do -- where were -- who hired you?

20 A Ann-Marie.

21 Q And who is Ann-Marie?

22 A The site manager in Irvine.

23 Q And as a per diem, where do you work?

24 A I work at five different sites.

25 Q And who are the -- where are the sites that you work at?

1 A Mission Viejo, Irvine, Garden Grove, Orange Advanced
2 Imaging, and Anaheim Advanced Imaging.
3 Q And do each of these locations have different site
4 managers?
5 A Correct.
6 Q Yes?
7 A Yes.
8 Q Okay.
9 A Correct.
10 Q Okay. And who are the different site managers at each of
11 these locations?
12 A Ann-Marie, Hannah -- Hannah, I don't know her last name --
13 or Heather Hannah. That's what it is. Richard is in Mission
14 Viejo, and Tim -- or not Tim, the site manager in Anaheim, Troy
15 Gordon.
16 Q Okay. And I'll have you look at Union Exhibit 1. Do you
17 know what that is?
18 A The schedule.
19 Q The schedule. Okay. Are you on this schedule?
20 A I am.
21 Q And where are you listed on the schedule? So your
22 initials are BM; is that right?
23 A BC.
24 Q Oh, BC. Brittany Clark. I guess I saw that one. That
25 makes sense.

1 A Yeah. On page 3, I'm in Anaheim on the 1.5 on a -- I
2 guess you can't see what day it is, but Friday it's the one,
3 two, three, four -- sixth column?
4 Q Uh-huh.
5 A You see my initials BC? I usually work Fridays in
6 Anaheim.
7 Q Okay. And I see there's a BECAUSE on the third page at
8 Mission Viejo: is that right?
9 A Yes.
10 Q Okay. And OAI is the Anaheim one, right?
11 A No, that's Orange.
12 Q Huh?
13 A That's Orange.
14 Q Okay. So --
15 A AAI is Anaheim.
16 Q Okay. So you're also on the schedule for OAI?
17 A Correct.
18 Q Okay.
19 A And then I'm in Garden Grove on the very last column. The
20 very last row, GGA.
21 Q Okay. Did you have a patient complain about you once?
22 A Yeah, at Mission Viejo.
23 Q And can you tell us what happened?
24 A Basically, Barbara Stewart sent me an email to tell me to
25 send Tim an email to explain my position.

1 Q And who's Tim, Tim Chavez?
2 A The regional manager.
3 Q And did you explain -- did you then send an email to Tim
4 Chavez --
5 A Yes, I did.
6 Q -- explaining what happened? Okay. And was that
7 resolved?
8 A Yes.
9 MR. CARMODY: Mr. Hearing Officer, I'm going to object.
10 There's a pattern that's developed in this proceeding where
11 witnesses are referring to emails or other documents and
12 they're not being produced. I've objected on best evidence
13 grounds, which is an applicable objection. I understand that
14 you've overruled those objections up to this point, but it's
15 becoming prejudicial. So I would object to this witness'
16 answer to that question. More to the point, I would move to
17 strike that testimony in light of the unfairnesses I've just
18 described.
19 HEARING OFFICER SIMMONS: Overruled on both objections.
20 Continue, Ms. Hoffman.
21 Q BY MS. HOFFMAN: Okay. How do you normally schedule your
22 breaks and lunches?
23 MR. CARMODY: Mr. Hearing Officer, I would ask for an
24 offer of proof. This is the third MRI tech, I believe, who's
25 testified. I think we've reach a point now --

1 HEARING OFFICER SIMMONS: Did you she testify to the
2 content of the email?
3 MR. CARMODY: I'm sorry?
4 HEARING OFFICER SIMMONS: Did she testify to the content
5 of the email?
6 MR. CARMODY: Yeah.
7 HEARING OFFICER SIMMONS: She did? I don't recall that.
8 MR. CARMODY: You mean, the answer that she just gave
9 concerning the email that she alleges she sent to Tim Chaves?
10 HEARING OFFICER SIMMONS: I didn't catch it.
11 MR. CARMODY: Yeah. She testified that it presented her
12 defense in response to the patient complaint. That's why it's
13 prejudicial, but I'm -- so I would move to reconsider my prior
14 objection.
15 HEARING OFFICER SIMMONS: Overruled.
16 MR. CARMODY: I would still -- this is now a different
17 issue, Mr. Hearing Officer, an offer of proof, because I think
18 we've reached the point where things have become cumulative at
19 least with respect to testimony from MRI techs. And so I would
20 rely upon Federal Rule of Evidence 403 and argue that the
21 probative value of this testimony is outweighed by the
22 cumulative nature of it.
23 HEARING OFFICER SIMMONS: And I will defer to the reader
24 of the record to accord whatever weight they feel is
25 appropriate to her testimony.

1 MR. CARMODY: That's not the point of cumulative evidence,
2 though. At least not entirely. It's also because it's a waste
3 of time. So I would ask for the objection to be considered on
4 that basis.
5 HEARING OFFICER SIMMONS: I am going to overrule that
6 objection.
7 MR. CARMODY: Understood. Thank you.
8 HEARING OFFICER SIMMONS: Continue.
9 Q BY MS. HOFFMAN: How do you normally schedule your breaks
10 and lunch?
11 A There's about an hour that's normally scheduled for lunch.
12 Q Does anyone schedule it for you?
13 A It's built into the schedule I believe by Barb. And the
14 schedulers.
15 Q Okay.
16 A There's blocks that are already put in.
17 Q Was there ever a time where you had to contact Tim Chavez
18 about your break schedule?
19 A Yes. Ann-Marie went on vacation for about a week and he
20 was approving the time cards. So Barb sent me an email asking
21 me about when I took break so that she can confirm it to Tim.
22 Q Okay. And as an MRI tech, what kind of licenses do you
23 hold?
24 A An AART and ARMRIT.
25 Q Say that again?

1 A AART.

2 Q Okay.

3 A And ARMRIT.

4 Q What's the second one?

5 A ARMRIT.

6 Q And what does that stand for?

7 A American --

8 Q If you know. What's your educational background?

9 A I have two associate degrees.

10 Q And did you receive an email about the annual Christmas

11 party?

12 A I did.

13 Q And did you go?

14 A I didn't.

15 Q Okay. And was the -- okay.

16 MS. HOFFMAN: I have no further questions.

17 HEARING OFFICER SIMMONS: Mr. Carmody, cross?

18 MR. CARMODY: Just a few moments, please, Mr. Hearing

19 Officer.

20 HEARING OFFICER SIMMONS: Off the record.

21 MR. CARMODY: Thank you.

22 (Off the record at 10:32 a.m.)

23 HEARING OFFICER SIMMONS: Mr. Carmody?

24 MR. CARMODY: I have no questions.

25 HEARING OFFICER SIMMONS: Okay.

1 MR. CARMODY: Thank you, Mr. Hearing Officer.

2 HEARING OFFICER SIMMONS: Thank you, Ms. Clark. You're

3 released.

4 MS. CLARK: Okay.

5 HEARING OFFICER SIMMONS: Off the record.

6 (Off the record at 10:36 a.m.)

7 HEARING OFFICER SIMMONS: Ms. Hoffman, you may call your

8 next witness.

9 MS. HOFFMAN: All right.

10 Whereupon,

11 **GRACE TSENG**

12 having been duly sworn, was called as a witness herein and was

13 examined and testified as follows:

14 HEARING OFFICER SIMMONS: Please be seated. Please state

15 and spell your name for the record.

16 THE WITNESS: Grace Tseng, G-R-A-C-E T-S-E-N-G.

17 **DIRECT EXAMINATION**

18 Q BY MS. HOFFMAN: Grace, by whom are you employed?

19 A RadNet.

20 Q And how long have you worked for RadNet?

21 A Seven years.

22 Q And what is your position?

23 A Multi-modality tech.

24 Q And what does multi-modality tech mean?

25 A I do stuff -- I work in several different departments:

1 Mammography, x-ray, CT, bone density.
2 Q And do you hold any certifications?
3 A CRT, ARRT.
4 Q Anything else? What's your educational background?
5 A Associates in x-ray, radiology.
6 Q Okay.
7 MS. HOFFMAN: And I'm going to mark as Union 8.
8 **(Union Exhibit Number 8 Marked for Identification)**
9 Q BY MS. HOFFMAN: And Grace, what is this?
10 A This is an email sent from my supervisor Tracy regarding
11 the mammo schedule for August for Santa Ana and Irvine.
12 Q And where are you on the schedule?
13 A My initials is GT.
14 Q Okay. And what locations do you work at performing
15 mammos?
16 A Santa Ana.
17 Q Santa Ana. Are you ever sent to any other location to
18 perform mammos?
19 A No.
20 Q And who is Tracy?
21 A Lead -- lead mammo technologist.
22 MS. HOFFMAN: Okay. I'd like to move for entry of Union
23 Exhibit 8.
24 HEARING OFFICER SIMMONS: Mr. Carmody, any objections?
25 MS. HOFFMAN: Oh, I did 8 first instead of 7. Okay. Now

1 I have Union 7.

2 MR. CARMODY: Let's -- one moment.

3 HEARING OFFICER SIMMONS: Mr. Carmody?

4 MR. CARMODY: Please, Mr. Hearing Officer. Voir dire, Mr.

5 Hearing Officer?

6 HEARING OFFICER SIMMONS: By all means.

7 **VOIR DIRE EXAMINATION**

8 Q BY MR. CARMODY: Ms. Tseng, am I pronouncing that right?

9 A Yeah.

10 Q Okay. My name is Bryan Carmody. I'm RadNet's attorney in

11 these proceedings. A question for you concerning this

12 document, Union Exhibit 8. You have it there in your hands.

13 A Okay.

14 Q I might be missing here, and I see that I am, actually.

15 You are listed in the group of folks who received this email

16 and its attachment, and it's your testimony that you did

17 receive it?

18 A Yes.

19 MR. CARMODY: Okay. No objection, Mr. Hearing Officer.

20 HEARING OFFICER SIMMONS: All right. Union Exhibit 8 is

21 received into evidence.

22 **(Union Exhibit Number 8 Received into Evidence)**

23 MS. HOFFMAN: I have Union Exhibit 7, going backwards.

24 **DIRECT EXAMINATION (RESUMED)**

25 Q BY MS. HOFFMAN: And Grace, what is Union Exhibit 7?

1 A The tech schedule for August.
2 Q Okay. And are you on the tech schedule for August?
3 A Yes.
4 Q And what are your initials again?
5 A GT.
6 Q Oh, GT. And where -- at what locations have you worked in
7 August?
8 A La Mirada, Garden Grove, Anaheim Advanced, Santa Ana, and
9 South Coast.
10 Q And are there different site supervisors at each of those
11 locations?
12 A Yes.
13 Q Okay. And do you know who they are? If you do, you do.
14 A Yes, I do.
15 Q Okay.
16 A You want me to list it?
17 Q Yeah, go ahead.
18 A Okay, so Santa Ana x-ray is Sal Herrera. Upstairs mammo
19 is Rhonda Elmore. Anaheim Advanced is Troy. Garden Grove is
20 Heather. La Mirada is over by Sal as well as South Coast.
21 Q Are there any other locations that you go to?
22 A No.
23 Q Okay. Who is Tim Chavez?
24 A The regional manager.
25 Q Okay. Have you ever had an in-person meeting with Tim

1 Chavez?

2 A Yes, earlier this year.

3 Q Okay. And where did you meet him?

4 A In his office in Santa Ana.

5 Q Okay. And what did you discuss?

6 A A raise and mammo -- extending mammo hours.

7 Q Okay. So we all understand what a raise is, but what was

8 the extending mammo hours? What was that?

9 A Just evenings. Instead of working 5 to 9, we were talking

10 about opening until 10 p.m.

11 Q Okay. And was it open until 10 p.m. then?

12 A Yes.

13 Q Okay.

14 MS. HOFFMAN: Okay. I'd like to move for entry of Union

15 7.

16 HEARING OFFICER SIMMONS: Any objection, Mr. Carmody?

17 MR. CARMODY: We would object to its admission to the

18 extent the union is seeking to show through this document

19 anything beyond when this witness was scheduled to work.

20 MS. HOFFMAN: My response is that it's the schedule for

21 all the employees, and that it shows where they're working, and

22 it's a company document.

23 MR. CARMODY: But that begs just the question, and that's

24 a question this witness can't answer. Certainly she can

25 testify as to when she was scheduled. But concerning when all

1 of these numerous other folks were scheduled, therein lies the
2 objection for us, Mr. Hearing Officer.
3 HEARING OFFICER SIMMONS: I'll sustain it. Union Exhibit
4 7 is received.
5 **(Union Exhibit Number 7 Received into Evidence)**
6 MS. HOFFMAN: So do you want me to bring in all the
7 employees that are on the schedule then to testify that this is
8 their schedule?
9 HEARING OFFICER SIMMONS: If that's how you want to
10 litigate your case, Ms. Hoffman, I'm not going to tell you to
11 do it.
12 HEARING OFFICER SIMMONS: Okay. Well, you just sustained
13 the objection so then you think it's relevant for me to bring
14 every employee in to say that this is their schedule and this
15 is where they work because the company won't stipulate that
16 this is a company document.
17 HEARING OFFICER SIMMONS: Off the record.
18 (Off the record at 10:58 a.m.)
19 MS. HOFFMAN: Okay. I'm going to make a motion again for
20 reconsideration of your ruling.
21 HEARING OFFICER SIMMONS: Motion denied. Continue.
22 MS. HOFFMAN: Okay. I have no further questions for this
23 witness.
24 HEARING OFFICER SIMMONS: Mr. Carmody, cross?
25 MR. CARMODY: Just a very few moments, I think.

1 HEARING OFFICER SIMMONS: Off the record.
2 (Off the record at 10:59 a.m.)
3 HEARING OFFICER SIMMONS: Mr. Carmody, cross?
4 MR. CARMODY: No, sir.
5 HEARING OFFICER SIMMONS: All right. Thank you, Miss.
6 You're excused. Off the record.
7 (Off the record at 11:16 a.m.)
8 MS. HOFFMAN: Okay. Robin?
9 Whereupon,
10 **ROBIN ROBLES**
11 having been duly sworn, was called as a witness herein and was
12 examined and testified as follows:
13 HEARING OFFICER SIMMONS: Please be seated. Please state
14 and spell your name for the record.
15 THE WITNESS: Robin Robles, R-O-B-I-N R-O-B-L-E-S.
16 HEARING OFFICER SIMMONS: You may proceed, Ms. Hoffman.
17 **DIRECT EXAMINATION**
18 Q BY MS. HOFFMAN: Robin, by whom are you employed?
19 A RadNet.
20 Q And what is your job classification?
21 A I'm an MRI technologist.
22 Q And which location do you work at?
23 A Santa Ana --
24 Q Mm-hmm.
25 A -- and sometimes Mission Viejo. And Irvine.

1 Q Okay. And how did you become an MRI tech at RadNet?
2 A I have a friend who is a marketing person there who told
3 me there was a job opening. So I applied.
4 Q Okay. Did you work for a company that was bought by
5 RadNet?
6 A West Coast Radiology Centers.
7 Q Okay. And when did RadNet buy West Coast?
8 A I think it was 2013.
9 Q Okay. And were you then hired by RadNet?
10 A Yes.
11 Q And what position were you hired as?
12 A An MRI technologist.
13 Q And were you full-time or per diem?
14 A I was a per diem floater.
15 Q Okay. And when you were a per diem floater, what
16 facilities did you float to?
17 A Mission --
18 MR. CARMODY: Objection, Mr. Hearing Officer. I would ask
19 for an offer of proof. I would renew the same objection I
20 made, I think it was two witnesses ago, in terms of this
21 testimony, by every appearance so far, being cumulative of
22 what's in the record already. This is yet another MRI tech
23 testifying, and we would rely in part on, once again, Federal
24 Rule of Evidence 403 in support of our objection.
25 HEARING OFFICER SIMMONS: Objection overruled. Proceed,

1 Ms. Hoffman.
2 Q BY MS. HOFFMAN: Okay. So when you were a per diem, what
3 facilities did you float to?
4 A Santa Ana, the south coast office Mission Viejo, and
5 Irvine.
6 Q I'm going to have you look at Union Exhibit 4. Should be
7 up there somewhere.
8 A Which one is it?
9 Q Maybe 4 is not up there. How about a different one then?
10 How about Union 7?
11 A Okay.
12 Q Are you listed on Union Exhibit 7?
13 A Yes.
14 Q And what are your initials?
15 A RR.
16 Q Okay. And where are you listed?
17 A I'm the very top row Santa Ana Oval.
18 Q Okay.
19 A And then I worked two Saturdays in Mission Viejo that
20 month.
21 Q Okay. So on the second page?
22 A I'm down at the bottom, 8/4.
23 Q Right.
24 A And 8/18.
25 Q Oh, and what shift do you work?

1 A The p.m. shift.
2 Q Okay. And that is from what time to what time?
3 A 2 to 11.
4 Q Okay. And was that -- was the night shift recently
5 changed?
6 A Oh, it was changed a couple of years ago I think.
7 Q Did you go to the regional Christmas party?
8 A No, I had to work. They didn't shut the room down.
9 Q Okay. Did you get a -- did you get notification of the
10 regional Christmas party?
11 A Yes.
12 Q Okay. And do you find out how you're working by
13 looking --
14 MR. CARMODY: Objection, leading.
15 Q BY MS. HOFFMAN: How do you find out you're working?
16 A By the app on my phone, the Google Drive app gives the
17 schedule.
18 Q Okay. And the schedule is what you identified as Union
19 Exhibit 7?
20 A Yes.
21 Q That's one of the schedules?
22 A Yes.
23 Q Okay.
24 MS. HOFFMAN: I have no further questions.
25 HEARING OFFICER SIMMONS: Mr. Carmody, cross?

1 MR. CARMODY: A moment, please, Mr. Hearing Officer?
2 HEARING OFFICER SIMMONS: Do you need to go off the
3 record?
4 MR. CARMODY: Yes, please.
5 HEARING OFFICER SIMMONS: Okay. Off the record.
6 (Off the record at 11:45 a.m.)
7 HEARING OFFICER SIMMONS: Mr. Carmody, cross?
8 MR. CARMODY: I don't have any questions.
9 HEARING OFFICER SIMMONS: Okay. Thank you. You're --
10 THE WITNESS: Okay.
11 HEARING OFFICER SIMMONS: -- excused.
12 Ms. Hoffman, your next witness?
13 MS. HOFFMAN: Yes.
14 HEARING OFFICER SIMMONS: Please raise your right hand.
15 Whereupon,
16 **DIANNA AGZOUR**
17 having been duly sworn, was called as a witness herein and was
18 examined and testified as follows:
19 HEARING OFFICER SIMMONS: Please be seated. Please state
20 and spell your name for the forward.
21 THE WITNESS: Dianna Agzour. D-I-A-N-N-A; Agzour, A-G-Z-O-
22 U-R.
23 **DIRECT EXAMINATION**
24 Q BY MS. HOFFMAN: Dianna, by whom are you employed?
25 A RadNet.

1 Q And how long have you worked for RadNet?
2 A I've worked for RadNet since they were acquired. About
3 2013.
4 Q And what was the company that you worked for prior to
5 RadNet?
6 A West Coast Radiology.
7 Q Okay. And when -- okay. And when West Coast Radiology
8 was acquired by RadNet, did you start as a new employee?
9 A Yes. They had me reapply.
10 Q Okay. And you were ultimately hired?
11 A Yes.
12 Q Okay. And what is your job classification?
13 A Ultra sound technologist.
14 Q And have you always worked as an ultrasound technologist
15 for RadNet?
16 A Yes.
17 Q Okay. And again, what was the date that RadNet hired --
18 acquired West Coast?
19 A I believe it was 2013.
20 Q Okay. And as a RadNet ultrasound, what location do you
21 currently work at?
22 A I mostly work at South Coast, but I do work at Santa Ana
23 on Wednesday evenings, sometimes on Saturdays as well.
24 Q Okay. And I marked as Union's Exhibit 9 a document. And
25 what is this document?

1 A This is the ultrasound August 2018 general schedule.
2 Q Okay. And where are you on the schedule?
3 A My initials are DA.
4 Q Okay.
5 A You'll see that mostly at South Coast.
6 Q Okay. And then you're at Mission Viejo on one Saturday on
7 here?
8 A Sometimes I'm at Mission Viejo as well.
9 Q Okay. And how do you receive the schedule?
10 A It is through email.
11 Q And are all the ultrasound techs on the email?
12 A Yes.
13 MR. CARMODY: Objection, Mr. Hearing Officer.
14 THE WITNESS: I believe.
15 MR. CARMODY: Once again, we're talking about a document.
16 The witness is testifying to a document. That isn't presented
17 for my examination. It's inherently unfair.
18 HEARING OFFICER SIMMONS: Ms. Hoffman?
19 MS. HOFFMAN: Again, this is a document kept in the normal
20 course of business, emailed to the employees in the ultrasound
21 department by their Employer.
22 MR. CARMODY: Just to be clear, Mr. Hearing Officer, my
23 objection pertains not to what's been marked for identification
24 purposes as Union Exhibit 9, but instead to the email that this
25 witness has referenced by which, according to her testimony,

1 this schedule is transmitted. In the absence of that email
2 being produced, it shouldn't be the subject of testimony by
3 this witness.
4 HEARING OFFICER SIMMONS: Ms. Hoffman?
5 MS. HOFFMAN: I think she can testify to how she receives
6 her schedule.
7 HEARING OFFICER SIMMONS: She can testify to how she's
8 received her schedule, but not to the contents of the email.
9 So to that end, the objection's sustained.
10 MS. HOFFMAN: Okay.
11 Q BY MS. HOFFMAN: Okay. And then in terms of -- did you at
12 one point work for HealthCare Partners?
13 A Yes.
14 Q And was HealthCare Partners part of RadNet?
15 A Yes, it was.
16 Q And at some point, did RadNet get rid of HealthCare
17 Partners?
18 A Yeah. I understood it as ending a contract with them.
19 Q Okay. And --
20 A That was in March.
21 Q -- when was that?
22 A At the end of March.
23 MR. CARMODY: Objection. Relevance.
24 MS. HOFFMAN: I'll get to it.
25 HEARING OFFICER SIMMONS: Overruled.

1 Q BY MS. HOFFMAN: Okay. When was that?
2 A The end of March.
3 Q Of this year?
4 A Yes.
5 Q And when the facility ended its contract, did anyone from
6 RadNet management come to speak to the employees --
7 A Yes.
8 Q -- about it. And who was that?
9 A Tim Chavez.
10 Q Okay. And who attended the meeting with Tim Chavez?
11 A Myself, some x-ray technologists and the office -- front
12 office staff, and Richard I believe as well, who was the site
13 manager.
14 Q And what did Tim Chavez tell the employees?
15 A He spoke mostly of where people could access, you know,
16 reapplying to the Company in some instances.
17 Q Okay. And --
18 MR. CARMODY: Objection. Move to strike. Hearsay.
19 HEARING OFFICER SIMMONS: Overruled.
20 Q BY MS. HOFFMAN: Okay. And in the meeting, what happened
21 with your position?
22 A He told me that my position would be -- that Diana Miller,
23 my lead tech would then put me elsewhere.
24 Q Okay. And that's when you --
25 A Which was --

1 Q You ultimately went back to where?
2 A South Coast.
3 Q South Coast. Okay. And did you attend the annual
4 regional Christmas party?
5 A Yes, I did.
6 Q Okay. And could you look at Union Exhibit 3?
7 A Oh, there it is. Okay.
8 Q And did you receive this email?
9 A Yes, I did.
10 Q Okay.
11 MS. HOFFMAN: I'd also like to move for entry of Union
12 Exhibit 9.
13 HEARING OFFICER SIMMONS: Mr. Carmody, any objections?
14 MR. CARMODY: I have no objection if this document is being
15 proffered to prove that this is something that she received.
16 HEARING OFFICER SIMMONS: Ms. Hoffman, response?
17 MS. HOFFMAN: She testified that this is a document that
18 she receives, and that's how she's scheduled.
19 MR. CARMODY: There's been no testimony that this is a
20 document that she prepares, that this is a document that she
21 updates, that this is a document that she revises. It's the
22 case that the only testimony is this is a document she
23 received. It should be --
24 MS. HOFFMAN: That's correct.
25 MR. CARMODY: -- admitted for that, but nothing more than

1 that.

2 HEARING OFFICER SIMMONS: Is there any response to that,

3 Ms. Hoffman?

4 MS. HOFFMAN: Well, it's just a document that she receives.

5 HEARING OFFICER SIMMONS: All right. Union Exhibit 9 is

6 received into evidence.

7 **(Union Exhibit Number 9 Received into Evidence)**

8 MS. HOFFMAN: I have no further questions for this

9 witness -- oh, I do. Sorry.

10 Q BY MS. HOFFMAN: And what's your educational background?

11 A Oh. I am a Registered Diagnostic Medical Sonography in

12 abdomen and OB/GYN, and a registered Vascular Technologist. I

13 also hold an AA in Psychology and RDMS.

14 Q And are -- do you also have any certifications or are --

15 A Those are the certifications --

16 Q Those are the --

17 A -- RDMS.

18 Q -- certifications. Okay.

19 MS. HOFFMAN: I have no further questions.

20 HEARING OFFICER SIMMONS: Okay. Mr. Carmody, cross?

21 MR. CARMODY: I do.

22 **CROSS-EXAMINATION**

23 Q BY MR. CARMODY: Good afternoon, Ms. Agzour.

24 A Um-hum.

25 Q Am I pronouncing that right?

1 A Yes, you are.
2 Q Okay. I'm Bryan Carmody, RadNet's attorney in these
3 proceedings. I have some questions for you. You are, as I
4 understand your testimony, an ultrasound tech, correct.
5 A Yes, that's correct.
6 Q And it's the cases, as I understand it, that with regard
7 to -- actually, can you try to track down in -- it's going to
8 be Board Exhibit 2.
9 MR. CARMODY: Do we have exhibits up there?
10 HEARING OFFICER SIMMONS: No, we do not. Not for Board --
11 MR. CARMODY: Oh, okay.
12 HEARING OFFICER SIMMONS: -- correction. I may have a copy
13 of Board exhibits.
14 MR. CARMODY: I can give you my copy.
15 HEARING OFFICER SIMMONS: I have a copy. My copy, if
16 that's fine.
17 MR. CARMODY: What's that?
18 HEARING OFFICER SIMMONS: I have my copy, if that's fine.
19 MR. CARMODY: Oh, okay. It makes no difference to me.
20 Okay.
21 Q BY MR. CARMODY: So ma'am, you have in front of you Board
22 Exhibit 2, do you not?
23 A Yes, I believe that's what --
24 HEARING OFFICER SIMMONS: That's it.
25 THE WITNESS: -- this is.

1 MR. CARMODY: Yeah. Okay.
2 Q BY MR. CARMODY: And can you turn to attachment A, which
3 begins on the third page?
4 A Um-hum.
5 Q And you see there, and it continues on to the next page as
6 well, a list of facilities?
7 A Right.
8 Q Okay. Are you generally familiar with these facilities as
9 being facilities operated by RadNet?
10 A Yes, I am.
11 Q Okay. And is it the case, as I understand it to be, that
12 many of these facilities offer ultrasound as a service?
13 A Yes.
14 Q Okay. That would be the case with Anaheim Advanced
15 Imaging?
16 A Yes.
17 Q Anaheim X-Ray?
18 A Yes.
19 Q Garden Grove Advanced Imaging?
20 A Yes.
21 Q La Mirada Imaging?
22 A Um-hum. Yeah.
23 Q Did you say yes?
24 A Yes.
25 Q Okay.

1 A Um-hum.
2 Q Orange Advanced Imaging?
3 A Yes.
4 Q Orange Imaging?
5 A Yes.
6 Q West Coast Radiology Mission Viejo?
7 A Yes.
8 Q Okay. West Coast Radiology Santa Ana?
9 A Yes.
10 Q West Coast Radiology South Coast?
11 A Yes.
12 Q Breastlink Orange?
13 A Breastlink Orange.
14 Q Is that the --
15 A That's not one?
16 Q -- center that offers ultrasound --
17 A Yes, it does.
18 Q -- to your knowledge?
19 A I see it on there.
20 Q How about Breastlink Santa Ana?
21 A Yes.
22 Q Is ultrasound a service offered by Breastlink Garden
23 Grove?
24 A Yes, it is.
25 Q And finally, Breastlink Irvine, does that offer ultrasound

1 as a service?
2 A Breastlink Irvine. I believe it does.
3 Q Okay. Thank you.
4 A Um-hum.
5 Q And ma'am, isn't it the case that at these different
6 facilities, the ones that you and I just reviewed, the
7 ultrasound service is offered at different times of the day?
8 Isn't that true?
9 A Some of the sites are open in the evenings as well as the
10 day --
11 Q Okay. So --
12 A -- but not all.
13 Q So just so the record is clear, it is your testimony that
14 ultrasound as a service, between and among these different
15 centers, is not offered during precisely the same hours,
16 correct?
17 A Yes.
18 Q Okay. That's correct?
19 A Yes, that's correct.
20 Q Okay. Thank you. And some of these centers are open for
21 ultrasound services on Saturdays and some are not, isn't that
22 true?
23 A Yes.
24 Q And isn't it the case, ma'am, that when ultrasound techs,
25 within your knowledge, work at these different centers offering

1 the ultrasound services, their hours of work will not be the
2 same from center to center to center? Is that fair to say?
3 A Yes, they're --
4 Q Let me ask you, ma'am, about the site manager. And you
5 said that currently you work mostly at West Coast Radiology
6 South Coast?
7 A Yes.
8 Q Okay. Is it fair to say that's your -- you consider that
9 to be your homesite?
10 A Yes.
11 Q Okay. Who is the the site manager there?
12 A That would be Salvador Herrera.
13 Q Okay. And would you agree with me, ma'am, that
14 Mr. Herrera as the site manager for that facility has overall
15 responsibility for that facility?
16 A Yes.
17 Q Okay. Would you agree with me that he has the authority
18 to direct you in the performance of your work duties?
19 A Yes.
20 Q Okay. Is it the case, ma'am, ultrasound, as I have come
21 to understand it I think, is a process or a procedure that
22 could be applied to many different kinds of body, many
23 different parts of the body, correct?
24 A That's correct.
25 Q And it can be ordered by a physician for lots of different

1 purposes; is that correct?
2 A That's correct.
3 Q And isn't it also true, ma'am, that when you think about
4 the different centers that we looked over a moment ago, the
5 ones that offer ultrasound as a service, different centers are
6 offering different kinds of ultrasound procedures? Is that
7 true?
8 A Most of them have the same, but there are some that have
9 different things, yes.
10 Q There are some differences?
11 A Um-hum.
12 Q And when different kinds of procedures are being performed
13 with respect to ultrasound, oftentimes it's done through
14 different kinds of equipment, correct?
15 A In one instance I can think of, yes.
16 Q Okay. So in at least one instance, there's a unique
17 machine that's being --
18 A Yes.
19 Q -- used for that purpose, that --
20 A Um-hum.
21 Q -- test as compared to other ultrasound tests --
22 A Yes.
23 Q -- correct? Okay. And would it be fair to say that
24 different skill sets and different kinds of training would be
25 important, in fact, necessary in order for the ultrasound tech

1 to perform the given tests?
2 A Yes.
3 Q Okay. And not all ultrasound techs have the same set of
4 skills in that regard?
5 A Exactly. Yes.
6 Q Okay. Have you had, during the time you've worked for
7 RadNet at any point in time, a performance review?
8 A Once.
9 Q Once. And when you -- do you remember when that was
10 approximately?
11 A I think it was a couple of months ago.
12 Q Okay. And was it the case that Mr. Herrera was there
13 present to --
14 A Yes.
15 Q -- conduct your performance review?
16 A Yes.
17 Q Thank you.
18 MR. CARMODY: Just one moment, please, Mr. Hearing Officer.
19 HEARING OFFICER SIMMONS: That's fine.
20 MR. CARMODY: Thank you for answering my questions, ma'am.
21 THE WITNESS: Oh, you're welcome.
22 MS. HOFFMAN: I have a couple of questions.
23 HEARING OFFICER SIMMONS: Okay.
24 **REDIRECT EXAMINATION**
25 Q BY MS. HOFFMAN: Salvador Herrera, is he a site manager

1 for multiple locations?
2 A Yes.
3 Q And which locations is he the site manager for?
4 A South Coast, Santa Ana, and La Mirada.
5 Q Okay. And when you work at Mission Viejo, who's the site
6 manager?
7 A That is now Richard. I don't know his last name.
8 Q And do you know if Richard has multiple locations?
9 A I don't know. I don't think so.
10 Q Okay. And do you know who prepares the schedule or
11 ultrasound?
12 A Yes. That's Diana Miller.
13 Q And who is Diana Miller?
14 A Diana Miller is the lead technologist.
15 Q And where is she located?
16 A She is -- mostly her like ad min duties she does in
17 Santa Ana.
18 MS. HOFFMAN: Okay. I have no further questions.
19 MR. CARMODY: One moment, please?
20 HEARING OFFICER SIMMONS: That's fine.
21 MR. CARMODY: No questions.
22 HEARING OFFICER SIMMONS: Okay. Thank you for your time.
23 Ms. Hoffman, your next witness?
24 MS. HOFFMAN: Can we take five? I only have one more. I
25 think we can finish her.

1 HEARING OFFICER SIMMONS: Okay. Five minutes.

2 MS. HOFFMAN: Okay.

3 HEARING OFFICER SIMMONS: Off the record.

4 (Off the record at 12:13 p.m.)

5 HEARING OFFICER SIMMONS: Please raise your right hand.

6 Whereupon,

7 **YERIL BARLUP**

8 having been duly sworn, was called as a witness herein and was

9 examined and testified as follows:

10 HEARING OFFICER SIMMONS: Please be seated.

11 THE WITNESS: Okay.

12 HEARING OFFICER SIMMONS: Could you state and spell your

13 name for the record?

14 THE WITNESS: Yeril Barlup, Y-E-R-I-L; Barlup, B-A-R-L-U-

15 P -- as in Peter.

16 **DIRECT EXAMINATION**

17 Q BY MS. HOFFMAN: Yeril, by whom are you employed?

18 A RadNet.

19 Q And what is your current job classification?

20 A I'm a multimodality technologist.

21 Q And what is a multimodality technologist?

22 A I do x-ray, mammo, CT.

23 Q And what's your educational background?

24 A I have an AA degree in health science.

25 Q And do you hold any certifications?

1 A Yeah. CRT, AART.
2 Q Okay. And how did you become an employee of RadNet?
3 A I was hired by West Coast Radiology 12, 13 years ago, and
4 then I went to work for RadNet when they acquired West Coast
5 Radiology.
6 Q Okay. And currently, what locations do you work at?
7 A Currently, I worked in -- I work in La Mirada, I work in
8 Santa Ana, and lately they've just been putting me in
9 South Coast.
10 Q Okay. And who are -- who is the site manager for those
11 locations?
12 A Sal Herrera.
13 Q And a year ago, did you work at different locations?
14 A Yeah. I used to work at Irvine location and I used to
15 float to Irvine Breastlink.
16 Q And how long ago was that?
17 A That was about a year, a year ago.
18 Q Okay. And how did you change your --
19 A I requested to be -- to work in the North Orange County
20 locations.
21 Q Um-hum.
22 A So I automatically was put in the schedule for -- for the
23 North Orange County.
24 Q Okay. I'm going to have you look at Union Exhibit 7.
25 It's up there somewhere. And are you listed on Union

1 Exhibit 7? I think -- you're YB; is that correct?
2 A Correct. I -- I am in Santa Ana. Let's see --
3 Q On the first page, it says you're at -- is that you at
4 L --
5 A Yeah.
6 Q -- MI? And what location is that?
7 A I'm in La Mirada --
8 Q Um-hum.
9 A -- on Wednesday and Friday, and I am in Santa Ana CT on
10 Thursday on that week.
11 Q And do you also -- and how do you get your schedule?
12 A I use my phone app for Google.
13 Q Okay. Did you have -- ever -- did you have a meeting with
14 Tim Chavez about a patient?
15 A There was a misunderstanding with a patient, and then he
16 came -- when I was in Irvine, and he came to talk to me about
17 that particular situation.
18 Q Okay. And what did he talk to you about?
19 A About what the -- what the patient has said, and that he
20 said to me that he wanted to see -- to have my side of the
21 story because he knew that it was not what the patient had
22 stated.
23 Q Okay. And -- let me see -- did you recently have a
24 conversation with Sal about a raise?
25 A Yes. On -- in June I requested a raise since, you know, I

1 do so many modalities. And he told me that he was not able
2 to -- to approve it until he talked to Tim about it.
3 MR. CARMODY: Objection. Move to strike on the grounds of
4 hearsay.
5 HEARING OFFICER SIMMONS: Overruled.
6 Q BY MS. HOFFMAN: And did Sal ever get back to you about
7 the raise?
8 A No, he did not. He say that I needed to have a review,
9 which I never had. And I never had a review since RadNet took
10 over.
11 MS. HOFFMAN: Okay. I have no further questions.
12 HEARING OFFICER SIMMONS: I do have a question. When did
13 you have this conversation with Tim Chavez about --
14 THE WITNESS: It was about three years ago.
15 HEARING OFFICER SIMMONS: Okay. All right. Cross?
16 MR. CARMODY: Yes, Mr. Hearing Officer. Just a few
17 moments.
18 HEARING OFFICER SIMMONS: Do you need to go off the record?
19 MR. CARMODY: Probably so. I think I'm going to stay here
20 at counsel table, but --
21 HEARING OFFICER SIMMONS: Okay. Off the record.
22 (Off the record at 12:27 p.m.)
23 MR. CARMODY: Thank you, Mr. Hearing Officer.
24 **CROSS-EXAMINATION**
25 Q BY MR. CARMODY: Ms. Barlus, am I --

1 A Barlup.
2 Q Barlup?
3 A Um-hum.
4 Q Okay Ms. Barlup. My name is Bryan Carmody. I'm the
5 attorney for RadNet in these proceedings. I do have a few
6 questions for you. You testified a moment ago, if I understood
7 the testimony correctly, that never in your experience as a
8 RadNet employee have you had a performance review?
9 A Correct.
10 Q That was your testimony?
11 A Yes.
12 Q Okay. Is it not the fact of the matter, ma'am, that in
13 2013 you did have a performance review with Paul Miller? Does
14 that --
15 A Yeah --
16 Q -- sound right?
17 A -- but I believe that was -- we're still under West Coast
18 at that time.
19 Q Oh, I see. Do you recall approximately when the change in
20 ownership took place?
21 A It was sometime in -- in '13, but I cannot tell you
22 exactly the month.
23 Q Okay. Fair enough.
24 A Yeah.
25 Q You testified that you are a multimodality --

1 A Correct.
2 Q -- technician? And among the modalities that you practice
3 is mammography, correct?
4 A Correct.
5 Q Okay. And you should have in front of you, or maybe the
6 Hearing Officer took it back, Board Exhibit 2. You're about to
7 get it.
8 A Um-hum.
9 Q And I'd ask you please, ma'am, to turn to attachment A.
10 It should be on the third page I think.
11 A Okay.
12 Q Yeah. And you see there on that page and the following
13 page a list of centers, do you not?
14 A Yes.
15 Q Okay. And with regard to those centers, those are centers
16 that look familiar with you; is that right?
17 A Yes.
18 Q Okay. These are centers, to be a little bit more specific
19 about it, that are RadNet centers located within Orange
20 County --
21 A Um-hum.
22 Q -- is that right?
23 A Um-hum.
24 Q You said yes?
25 A Yes.

1 Q Okay.
2 HEARING OFFICER SIMMONS: You need to verbalize your
3 answers.
4 THE WITNESS: Okay.
5 HEARING OFFICER SIMMONS: Yes or no. No "um-hum."
6 Q BY MR. CARMODY: And my understanding, ma'am -- please
7 correct me if I'm wrong -- ultrasound -- I'm sorry --
8 mammography, mammography is offered at La Mirada Imaging; is
9 that right?
10 A Yes.
11 Q Breastlink Orange?
12 A Yes.
13 Q Breastlink Santa Ana?
14 A Yes.
15 Q Breastlink Garden Grove?
16 A Yes.
17 Q And Breastlink Irvine?
18 A Correct.
19 Q Okay. And have you from time to time or on any occasion
20 really worked at all at any of these centers as a mammography
21 tech?
22 A I have worked in two Breastlinks, Santa Ana and Irvine,
23 and I work occasionally in La Mirada when the technologist
24 needs a vacation.
25 Q Okay. And my understanding, ma'am -- and please correctly

1 if I'm wrong -- is that at some of the centers that you just
2 listed, and it appears to be only Breastlink Santa Ana, the
3 facilities offering mammography services on Saturdays, that
4 isn't the case with the other two centers that you mentioned,
5 is it?
6 A I'm not familiar with Orange, so I don't know what the
7 schedule is. I am familiar with Santa Ana. I know that they
8 have Saturdays.
9 Q And it's the case that Saturdays that --
10 MR. CARMODY: Well, strike that.
11 Q BY MR. CARMODY: Is it not the case at Breastlink Irvine
12 there is no --
13 A Breastlink Irvine doesn't have a Saturday schedule.
14 Q Okay. For mammography?
15 A For mammography.
16 Q Okay. Thank you. And mammography, there are different
17 kinds of mammography procedures, right?
18 A Um-hum.
19 Q And -- "yes"?
20 A Yes. I'm sorry.
21 Q Okay. That's okay. And the different procedures are many
22 times offered through different kinds of equipment, correct?
23 A Not in mammo. We --
24 Q Not --
25 A -- use the same -- almost the same machine for -- for --

1 unless they have a biopsy, then we'll do it under ultrasound
2 for a stereotactic, but that's it.
3 Q Okay. Stereotactic. So the -- the different kinds of
4 procedures that you just mentioned --
5 A Um-hum.
6 Q -- the ultrasound, the mammography, the stereotactic,
7 those kinds of procedures do take place using different kinds
8 of equipment, correct?
9 A Yes.
10 Q And you do need to have training and skills which are
11 specific to the given machine and the given procedure in order
12 to perform the procedure correctly, right?
13 A Yes.
14 Q Okay. The site manager, I think you said that Mr. Herrera
15 is the site manager at the sites to which you're assigned?
16 A Yes. Actually I have two managers.
17 Q Okay.
18 A Um-hum.
19 Q But as I understood your testimony before, Mr. Herrera is
20 the site manager more La Mirada, for instance?
21 A Um-hum.
22 Q Okay.
23 A Santa Ana and South Coast.
24 Q Okay. Thank you. And let's talk just to stay with a
25 particular example, one place, La Mirada. You would agree with

1 me, I think, that when you work at La Mirada, Mr. Herrera is it
2 site manager for that facility? He's the one in charge of
3 those operations. Would that be fair to say?
4 A Yes.
5 Q Okay. And so he would have, being the one in charge of
6 those operations, the authority to direct you in your work
7 performance; is that true?
8 A Yes.
9 Q Okay.
10 MR. CARMODY: Just one moment, please, Mr. Hearing Officer.
11 HEARING OFFICER SIMMONS: That's fine.
12 MR. CARMODY: Thank you for answering my questions, ma'am.
13 THE WITNESS: Okay. You're welcome.
14 HEARING OFFICER SIMMONS: Ms. Hoffman?
15 MS. HOFFMAN: Okay.
16 **REDIRECT EXAMINATION**
17 Q BY MS. HOFFMAN: You said you also worked at Irvine. Who
18 is the site manager for Irvine?
19 A Ann-Marie Fortezzo.
20 Q And does she have more than one location also?
21 A She is the site manager of West Coast Irvine and -- and
22 the Breastlink located in the same building but different
23 suite.
24 Q And when you say that Sal directs you, in what way did Sal
25 direct you?

1 A He just tells me which office I need to go, and -- and
2 that's about it. If there's anything behavioral or something,
3 then he has to talk to Tim.
4 MR. CARMODY: Objection. Move to strike the witness'
5 answer to the extent she testified that Mr. Herrera would have
6 to talk to Tim. It's not responsive to the question.
7 HEARING OFFICER SIMMONS: Ms. Hoffman?
8 MS. HOFFMAN: I asked her in what way he directed her, and
9 she responded with how he directed her and added that Tim also
10 is ultimately responsible.
11 MR. CARMODY: And it's --
12 MS. HOFFMAN: But I can follow up with another question, if
13 necessary.
14 HEARING OFFICER SIMMONS: Mr. Carmody, what were you going
15 to say.
16 MR. CARMODY: It's that addition which is problematic,
17 because that's not responsive to the question. And if counsel
18 is ready to ask the follow-up question to which she just
19 alluded, that is going to be hearsay for sure.
20 HEARING OFFICER SIMMONS: Well -- overruled.
21 Ms. Hoffman, proceed.
22 Q BY MS. HOFFMAN: When you say that Tim has authority over
23 Sal, what do you mean?
24 MR. CARMODY: Objection. Mischaracterizes the testimony.
25 MS. HOFFMAN: Okay.

1 HEARING OFFICER SIMMONS: Sustained.
2 Q BY MS. HOFFMAN: Do you -- other than the raise, has --
3 okay. In your previous response about Tim, what did you mean?
4 A When it comes to my experience, like when the -- the
5 patient had -- there was the misunderstanding with the patient,
6 so it goes beyond Sal, it goes to Tim.
7 MR. CARMODY: Objection. Move to strike. Lack of
8 foundation laid for the answer to that question.
9 HEARING OFFICER SIMMONS: Overruled.
10 MS. HOFFMAN: I have no further questions.
11 HEARING OFFICER SIMMONS: Mr. Carmody?
12 MR. CARMODY: One moment, please.
13 I have nothing further.
14 HEARING OFFICER SIMMONS: All right. Thank you.
15 THE WITNESS: Is this yours?
16 HEARING OFFICER SIMMONS: Yes.
17 THE WITNESS: Okay.
18 HEARING OFFICER SIMMONS: All right. You're released.
19 Thank you.
20 THE WITNESS: Okay.
21 HEARING OFFICER SIMMONS: Ms. Hoffman, do you have any more
22 witnesses you wish to call?
23 MS. HOFFMAN: Not at this time.
24 HEARING OFFICER SIMMONS: All right. Let's go off the
25 record.

1 (Off the record at 12:40 p.m.)

2 HEARING OFFICER SIMMONS: All right. So we'll take lunch,

3 and then we'll go back on the record at 1:30 p.m.

4 Off the record.

5 (Off the record at 12:42 p.m.)

6 HEARING OFFICER SIMMONS: All right. Back on the record.

7 Ms. Hoffman, your next witness?

8 MS. HOFFMAN: He's being re-called.

9 HEARING OFFICER SIMMONS: Yes. Mr. Hodgens, I'm going to

10 remind you that you're still under oath.

11 Whereupon,

12 **ZACHARY HODGENS**

13 having been previously sworn, was called as a witness herein

14 and was examined and testified as follows:

15 MR. CARMODY: Mr. Hearing Officer, we would object as a

16 threshold matter to this witness being called given the fact

17 that the Union has already rested the presentation of their

18 evidence on the scope of the unit in dispute. This is simply

19 too late in our judgment. So we object.

20 HEARING OFFICER SIMMONS: Overruled. I haven't clarified

21 with Ms. Hoffman yet that she has, in fact, ended the

22 presentation of evidence that are at issue.

23 MR. CARMODY: Well, Ms. Hoffman has for her part, in

24 speaking for the Union, made clear that they had no further

25 witnesses in mind with respect to any issue, including, but not

1 limited to, the unit scope dispute. That is why I have made
2 the comments I had concerning our position that they didn't
3 meet the burden of proof. To be sure, the Union did say they
4 had some witnesses in mind possibly to respond to our proof on
5 the guard issue, but that was the solitary reservation of
6 rights in terms of the presentation of witnesses.
7 HEARING OFFICER SIMMONS: Well, we haven't transitioned
8 over to that, other issues. And because of that, I'm inclined
9 to allow Ms. Hoffman to continue with her presentation of
10 evidence. So with that, overruled.
11 Ms. Hoffman, please proceed.
12 MS. HOFFMAN: Yes.
13 HEARING OFFICER SIMMONS: And to clarify, you can amend
14 your position appropriately, however you deem appropriate.
15 MR. CARMODY: Thank you.
16 HEARING OFFICER SIMMONS: Ms. Hoffman?
17 MS. HOFFMAN: Okay.
18 **DIRECT EXAMINATION**
19 Q BY MS. HOFFMAN: Okay. Do you have knowledge of the
20 organization supervision?
21 A Yes.
22 Q Okay. And who is the person -- I think you already
23 testified that the person over Orange County is Tim Chavez; is
24 that --
25 A That's correct.

1 Q -- correct? Okay. And his title is Regional Operations
2 Director of Orange County?
3 A That's correct.
4 Q Okay. Could you look at Board Exhibit 2?
5 THE WITNESS: May I have the document? Thank you very
6 much.
7 Q BY MS. HOFFMAN: And for each location, starting with one,
8 could you tell us who the site manager is?
9 A Oh, here we go. Okay. Breastlink Women's Imaging, that
10 should be Salvador Herrera.
11 Q Okay.
12 A West Coast Radiology X-Ray on Culver should be Ann-Marie
13 Fortezzo, Breastlink Women's Imaging Orange is Lisa Gordon,
14 Breastlinks Women Imaging -- blah -- Breastlink Women's Imaging
15 Irvine is Ann-Marie Fortezzo, La Mirada Imaging is Salvador
16 Herrera, Orange Advanced Imaging is Lisa Gordon, Breastlink
17 Women's Imaging is Heather Hannah, Orange Imaging is also Lisa
18 Gordon, Garden Grove Advanced Imaging is also Heather Hannah,
19 West Coast Radiology Santa Ana is Salvador Herrera, West Coast
20 Radiology Mission Viejo is Richard, and I believe his last name
21 is Kirchhoff (phonetic), Anaheim Advanced Imaging is Troy
22 Gordon, West Coast Radiology Irvine is Ann-Marie Fortezzo, West
23 Coast Radiology South Coast is Salvador Herrera, and then
24 Anaheim X-Ray West Imaging Center is Troy Gordon.
25 MS. HOFFMAN: That's it. I have no further questions.

1 HEARING OFFICER SIMMONS: Okay. Cross?
2 MR. CARMODY: One moment, please.
3 HEARING OFFICER SIMMONS: Okay.
4 MR. CARMODY: I have no questions.
5 HEARING OFFICER SIMMONS: I'm trying to decide if I have
6 any questions. Give me a moment.
7 I have no questions.
8 THE WITNESS: Okay.
9 HEARING OFFICER SIMMONS: You're released. Thank you.
10 Ms. Hoffman, do you have any more witnesses you wish to
11 present?
12 MS. HOFFMAN: No.
13 HEARING OFFICER SIMMONS: Okay. Do you understand that the
14 single and -- the multifacility unit is a burden that is on the
15 Petitioner, and if you have any evidence to present, do it now
16 or your case rests?
17 MS. HOFFMAN: Yes.
18 HEARING OFFICER SIMMONS: All right. As previously
19 discussed off the record, the Employer is planning to withdraw
20 the issue of the Anaheim X-Ray West Imaging inappropriate due
21 to a single employer located at this facility. Is that
22 correct, our however you want to phrase that, Mr. Carmody?
23 MR. CARMODY: That is correct, Mr. Hearing Officer. We
24 would be looking in essence to amend the statement of position,
25 that I know is in evidence, to now omit the claim that -- let's

1 see, where is it -- yes, that Anaheim X-Ray West has only one
2 technical employee who, as a matter of law, cannot constitute
3 an appropriate bargaining unit.
4 HEARING OFFICER SIMMONS: Okay. All right. With that
5 said, let's transition to the last issue, which is the issue of
6 the guard status. That burden is on the Employer.
7 Mr. Carmody, would you call your first witness?
8 MR. CARMODY: I will.
9 HEARING OFFICER SIMMONS: Please raise your right hand.
10 Whereupon,
11 **HIENDRICK VARTANI**
12 having been duly sworn, was called as a witness herein and was
13 examined and testified as follows:
14 HEARING OFFICER SIMMONS: Thank you. Please be seated.
15 Please state and spell your name for the record.
16 THE WITNESS: Hiendrick Vartani, H-I-E-N-D-R-I-C-K, V-A-R-
17 T-A-N-I.
18 HEARING OFFICER SIMMONS: You may commence, Mr. Carmody.
19 MR. CARMODY: Okay. Thank you.
20 **DIRECT EXAMINATION**
21 Q BY MR. CARMODY: Good afternoon, Dr. Vartani.
22 A Hello.
23 Q Are you currently employed?
24 A Yes.
25 Q By whom?

1 A RadNet Management.
2 Q And what is your current position with RadNet Management?
3 A I am the Medical and Health Physicist for all California
4 sites.
5 Q How long have you held that position for RadNet
6 Management?
7 A About 18 years.
8 Q What is your educational background, Doctor?
9 A I have a bachelor's degree in physics, a master's degree
10 in particle physics, and a graduate doctorate degree in
11 molecular and nuclear biology.
12 Q And what are your job duties as the Medical and Health
13 Physicist for RadNet Management covering all of California?
14 A To put it in nutshell, I'm responsible for in the
15 evaluation of all of the diagnostic radiology units with the
16 exception of the mammography units. So PET, CT, nuclear
17 medicine, x-ray, and so on and so forth, ultrasound.
18 Q How about MRI?
19 A That's the medical physics. MR, yeah. That's the medical
20 physics part of it. And then the health physics aspect is to
21 be involved in policies and procedures, development, protocol
22 development to comply with California Codes of Regulation,
23 Title 17 requirements, accreditation, body requirements, and
24 pretty much safety aspect of diagnostic Radiology.
25 Q Thank you, Doctor. In the course of performing these job

1 duties as you just described them, have you had occasion to
2 observe RadNet MRI techs in the performance of their duties?
3 A Yes, I have.
4 Q Same question with regard to RadNet lead MRI techs.
5 A For me, MRI technologists are MRI technologists. I don't
6 differentiate who's the lead MRI tech and who's not. Probably
7 internally there is a difference in their job function, but
8 from a medical standpoint, the way a lead MR tech would do an
9 MR examination is the same as any MR tech would do that
10 examination.
11 Q Understood. Dr. Vartani, have you had occasion in the
12 course of performing your work duties to observe RadNet nuclear
13 medicine techs in the performance of their duties?
14 A Yes, I do.
15 Q How about RadNet nuclear medical PET techs?
16 A Yes, I have. It's the same technologists, it's just --
17 it's a -- it's a difference of modality. But they're both
18 nuclear technologists. One does nuclear medicine, the other --
19 it's called nuc -- nuc med tech. And a nuc med tech that does
20 PET is called nuc medicine PET tech, but --
21 Q Okay.
22 A -- they're both the same thing.
23 Q Okay. I think I've --
24 A Yeah.
25 Q -- got it. All right. Doctor, I'm going to ask you to

1 retrieve, I expect from the Hearing Officer, Board Exhibit 2.
2 And please turn to attachment A. You will see there, Doctor, a
3 list of facilities -- a list of RadNet facilities. I'd ask
4 that you review the list and let me know, when you're done with
5 your review, if you're familiar with these facilities.
6 A Out loud or --
7 Q No. Just to yourself.
8 A Okay.
9 Q You can read the list to yourself. And please look up
10 when you're done.
11 Okay. And are you familiar with these facilities --
12 A Yes, I am.
13 Q -- Dr. Vartani?
14 A Yes, I am.
15 Q Do you have responsibility for overseeing the clinical
16 aspects of radiology in these facilities?
17 A Not all of them.
18 Q Okay. With regard to those where you don't have any
19 responsibility, do you still have some connection to those
20 facilities so far as your work duties are concerned?
21 A Yes. With Breastlink centers, we have a contracted
22 medical physicist that does the annual system performance
23 evaluation of the mammography equipment. And he reports to
24 me -- in general, he reports to me.
25 Q Thank you, Doctor.

1 A And I process his invoices, so.
2 Q Okay.
3 A Yeah.
4 Q So Doctor, I'd like to talk with you now about MRI. I
5 think a moment ago in one of your answers to my questions, you
6 referred to it as even MR; is that right?
7 A MR, yes.
8 Q Okay. What does -- I'll call it by its full name here --
9 A Right.
10 Q -- MRI. What does that for, Doctor.
11 A MRI is an acronym for magnetic resonance imaging.
12 Q Okay.
13 A It is not a true name. The scientific name is nuclear
14 magnetic resonance. That's the scientific name. The more
15 layman term that everybody's used to is magnetic resonance
16 imaging.
17 Q Okay.
18 A They took the nuclear out of the --
19 Q Okay. And maybe for my sake, let's --
20 A Yeah.
21 Q -- keep it in laymen's terms --
22 A Okay.
23 Q -- and have you explain, please, what is an MRI exactly.
24 A MRI is a diagnostic modality that is primarily used in aid
25 of diagnosis with soft tissue derangements or pathologies.

1 Q Okay.
2 A It utilizes body's hydrogen proton spin chemistry to
3 acquire signals which, in turn, are processed and an image -- a
4 gray scaled image of the particular body part is manifested
5 that are used for radiologists to read for diagnostic purposes.
6 Q Okay. And Doctor, with regard -- turning your attention
7 back to attachment actuarial, in looking at the facilities
8 listed there, can you identify those where MRI is offered as a
9 service?
10 A Yes. Number five, La Mirada Imaging; Orange Advanced
11 Imaging, number six; Garden Grove Advanced Imaging; West Coast
12 Radiology Santa Ana; West Coast Radiology Mission Viejo;
13 Anaheim Advanced Imaging; West Coast Radiology Irvine; West
14 Coast Radiology South Coast. That's it.
15 Q Thank you. Okay. Doctor, I've presented you to a
16 document that's been marked for identification purposes as
17 Employer Exhibit 3. Please look at the document, and let me
18 know if you recognize it.
19 A Yes, I do.
20 Q Okay. Who created this document?
21 A I did.
22 Q Okay. And what does this document reflect?
23 A This document was meant to -- it's a drawing of two MRI
24 centers -- or to MRI units sitting on opposite end of a large
25 suite with the middle of it being was considered a technologist

1 area. And this was devised so I could show corporate people
2 what zoning means and how the zoning number are assigned to a
3 particular region of the MRI suite and surrounding in general
4 for the safety aspect of how the signage should look like at
5 the centers.
6 Q Okay. And I'll have some specific questions about those
7 things in a moment.
8 MR. CARMODY: But first, I would offer Employer's
9 Exhibit 3, Mr. Hearing Officer.
10 HEARING OFFICER SIMMONS: Any objections?
11 MS. HOFFMAN: No objection.
12 HEARING OFFICER SIMMONS: Employer Exhibit 3 is received
13 into evidence.
14 **(Employer Exhibit Number 3 Received into Evidence)**
15 Q BY MR. CARMODY: Okay. Doctor, so with regard to this
16 drawing, where is the MR -- MRI machine actually located?
17 A Right. So looking at this, the -- this is a bad drawing,
18 but pretty much the circle represents the MR gantry.
19 Q Is that in the box that has the number 4 in it?
20 A Yes.
21 Q Okay.
22 A And then the square is the MRI table. So MRI table and
23 the circle represents the MRI unit.
24 Q And that's the same setup in both boxes that include the
25 number 4 within it?

1 A Right. This was -- this was based on one of our centers
2 in -- in San Fernando Valley where we have a 3 tesla magnet on
3 one side and a 1.5 tesla magnet on the other side with the
4 middle area being jointly used by the technologist --
5 Q Okay.
6 A -- as a tech area.
7 Q Okay.
8 MR. CARMODY: One moment, please.
9 Mr. Hearing Officer, can we go off the record for a moment?
10 HEARING OFFICER SIMMONS: That's fine.
11 MR. CARMODY: Okay.
12 HEARING OFFICER SIMMONS: Off the record.
13 (Off the record at 2:25 p.m.)
14 MR. CARMODY: So Mr. Hearing Officer, I've presented the
15 witness with a substitute for Employer Exhibit 3. It is also a
16 drawing. And I'll take the witness through a few questions
17 here to lay the foundation for its admission.
18 Q BY MR. CARMODY: So Doctor, you now have a new Employer
19 Exhibit 3 in front of you, do you not?
20 A Yes, I do.
21 Q Okay. And is this something that you recognize?
22 A Yes.
23 Q Okay. And did you create this document?
24 A Yes.
25 Q Okay. What does this document reflect?

1 A I was asked to create or to jot kind of the MRI layout at
2 Orange Advanced Imaging Center.
3 Q Okay.
4 MR. CARMODY: I would offer this, Mr. Hearing Officer, in
5 substitution for the previous Employer Exhibit 3.
6 HEARING OFFICER SIMMONS: Any objections?
7 MS. HOFFMAN: No.
8 HEARING OFFICER SIMMONS: The new Exhibit 3 is received in
9 substitution to the prior Exhibit 3 into evidence.
10 MR. CARMODY: Thank you.
11 Q BY MR. CARMODY: And Doctor, taking a look at the current
12 Employer Exhibit 3 that you have, do you see the box with the
13 word "Zone 4" within it?
14 A Yes.
15 Q Okay. And is that like the previous drawing where the MRI
16 machine is located?
17 A Yes.
18 Q Okay. And the rectangle is the table?
19 A The long --
20 Q Long rectangle.
21 A -- rectangle is the table and the wider one is the MR
22 gantry.
23 Q Okay. Then when you say the MRI (sic) gantry, what do you
24 mean exactly?
25 A That is where the patient -- it's the donut hole where a

1 patient is slided (sic) in for image acquisition.
2 Q Okay. What does the MRI machine, itself, actually consist
3 of?
4 A Well, you have hardware and software with all of these
5 units. Of course, it has a magnet. It's got a table; it's got
6 the magnet; it's got the gantry; it has many different type of
7 coils for different body parts. With the manufacturer, we get
8 phantoms for quality control testing.
9 And then outside of the room where the take area is is the
10 pretty much acquisition platform station with monitors, with
11 buttons, and the computer that controls all of the commands
12 given by the technologist to the magnet. And that's where the
13 protocols are brought up, chosen, patient demographics are
14 verified and pretty much the acquisition is done from the
15 platform.
16 Q Okay. And the magnet that you mentioned, where is that
17 precisely?
18 A That would be where it's defined as Zone 3.
19 Q And the magnet, how powerful is this magnet?
20 A This particular one in Orange Advanced?
21 Q Just generally in terms if you can generalize.
22 A Yeah. The magnetic fields vary from machine to machine.
23 I mean, you know, they're defined by their Tesla strength. So
24 you have -- we have MRI units that are 0.3 Tesla; we have MRI
25 units that are 0.7 Tesla; 1.2 Tesla; 1.5 Tesla; and 3 Tesla

1 units. The difference obviously, you know, as you go higher on
2 the number, you increasing magnetic forces within where the
3 magnet is installed at.
4 Q And --
5 A So 3 Tesla unit will be a lot more powerful magnet than a
6 1.5 Tesla unit.
7 Q Understood. And Doctor, with regard to this drawing that
8 we now have entered into as Employer Exhibit 3, can you explain
9 to us where the magnetic forces that are emitted from the
10 machine are actually located?
11 A Yeah. So Zone 4 is where the immediate magnetic fields
12 are interlacing each other is the highest magnetic region. Any
13 door that separates the magnet from a room, you decrease that
14 by a negative one number to the zone. So inside of the
15 magnetic room is Zone 4; outside of the magnet, immediately
16 outside of the magnet, is considered Zone 3; and if there's
17 another door separating that part then that will be Zone 2; and
18 if you have another door separating that that will be Zone 1.
19 Now, magnetic strength exists in all of these zones. It's just
20 the amount and severity and the precaution varies obviously
21 Zone 4 being the most important zone, Zone 4 and Zone 3 being
22 the most important areas.
23 Q And --
24 A That require surveillance.
25 Q And Doctor, these magnetic forces, as you've just

1 described them, do they exist whether or not the MRI machine,
2 itself, is on?
3 A It's on all the time. It's not a -- you can't -- the only
4 way to turn the power off is to quench the unit.
5 Q And what do you mean quench the unit?
6 A To shut it off completely. So with doing study or not
7 doing the study, the magnetic field is on all the time.
8 Q And when you use the word study, what do you mean by
9 study?
10 A Like having a patient inside of the magnet going through
11 an image acquisition.
12 Q And Doctor -- in case you haven't covered this yet -- with
13 regard to Zone 4, what equipment, if any, is in Zone 4 aside
14 from the MR machine, itself?
15 A Well, we could have some monitoring equipment in there
16 like, you know, EKG machines and things like that. Like I
17 said, there's a lot of different coils that are part of the
18 unit. Coils are specific to body parts that are going to be
19 studied. For example, if a patient is going to have an MRI of
20 a brain, the head is placed in a coil that's called a brain
21 coil. If they're going to have an MRI of a knee then their
22 knee is placed in a knee coil. So, you know, there's all sorts
23 of different type of coils that come with the unit. That's
24 pretty much it. There is really -- we don't have other type
25 because it's so magnetically-charged environment, nothing

1 survives in that room plus there's danger if -- if you take
2 something that's ferromagnetic, it will get sucked right into
3 the gantry.
4 Q Okay.
5 A Yeah.
6 Q And how about people? What people, if any, will enter
7 this Zone 4?
8 A Well, patients enter and the technologists, physicians,
9 radiologists, physicists.
10 Q Okay. And same questions, Doctor, with regard to Zone 3
11 beginning with the equipment. What equipment, if any, is
12 located in Zone 3?
13 A Computers mainly.
14 Q And how about people? What people might you find?
15 A Zone 3 is usually occupied by the technologist and
16 technologies trained personnel.
17 Q Zone 2, what equipment, if any, might you find in Zone 2?
18 A Zone 2 could be a waiting room so maybe TVs. I don't
19 know.
20 Q Okay. And Doctor, how would you describe the job duties
21 of RadNet MRI technologists? What is it that they do?
22 A MRI technologists have very dynamic duties and
23 responsibilities. Of course, their knowledge level in human
24 pathologies, human physiology and anatomy is extremely
25 important; the understanding of physics of these units are very

1 important. So their job description, if I was to put it again
2 in a nutshell, would be to positively identify the patient that
3 has a prescription for a particular MRI study; to go through
4 the questionnaire that they need to go through to establish
5 appropriate exam is being done for this particular patient;
6 screening the patient for MRI safety; bringing the patient in;
7 if there is contrast indicated study, start an intravenous IV
8 line, injection of contrast; and then positioning the patient
9 on the unit; and, obviously, performing the acquisition from
10 the console station.
11 Upon completion -- of course, during the acquisition, the
12 tech is focused on the patient and on the images being acquired
13 because if there is a motion artifact or things like this, the
14 image has to be repeated. So they do have, the technologists
15 do have the responsibility to transfer gathered data images
16 that are readable and diagnostic. If patient moves during the
17 study then that particular sequence may have to be repeated.
18 So they make sure that the proper images are gathered.
19 Of course, then the patient is taken out of the scanner,
20 out of the clothes they're in and they're directed to wherever
21 they have to go to change and their study is done.
22 At that point, the MR techs will come back to the station
23 and will probably transmit the images digitally to the PACS
24 reading system where the radiologists are assigned to read
25 these, to read these cases.

1 Q Okay. And based upon some of your testimony to a previous
2 question of mine, I understand that you see the MRI techs and
3 the lead MRI techs, at least for clinical purposes, to be
4 basically the same?
5 A Yes. From image acquisition they do the same thing. I
6 think the title MRI Lead Technologist is given to an individual
7 that has more of an administrative duty on top of whatever
8 their duty as an MRI technologist.
9 Q Okay. So hereafter when I use the word MRI tech, I'll use
10 it to be all-encompassing --
11 A Okay.
12 Q -- cover both MRI tech and lead MRI tech.
13 A Okay.
14 Q Now, are MRI techs licensed or certified?
15 A In State of California, we don't have a licensing
16 requirement for MRI technologists so the Department of Health
17 Services does not license MRI technologists. However, for
18 accreditation purposes, MRI technologists must be credentialed
19 by a Board, by a body organization that's recognized by
20 accreditation body as a competent MRI technologist and they do
21 have a certification issued by that Board.
22 Q And Doctor, from the standpoint of safety, both of people
23 and property, what role, if any, does a MRI technologist have
24 with respect to safety?
25 A Well, during business hours when we open doors, in my

1 opinion, MRI technologists are essential in the safety
2 operations of the MRI unit, are essential for properly
3 screening patients that don't have any contraindications for
4 the MRI study.
5 I'll give you an example. If a patient is referred to us
6 for an MRI study and, let's say, the patient works with a lot
7 of shaved metal -- okay -- MRI technologist will ask the
8 question have you been working with like shaved metal or are
9 you grinding metal, you know, things like this and if the
10 answer to that is yes and if there's a possibility of metal
11 being in the patient's eye, doing an MRI study could blind this
12 person. Okay.
13 So MRI technologists are responsible in ensuring safety of
14 the patients, of their colleagues, of the equipment because of
15 this dangerous magnetic field that exists in Zone 4.
16 Q And I'm going to ask you more about that in a moment but,
17 first, I'd like to show you another document. Okay. Doctor,
18 please look this document over to whatever degree you have to
19 to get yourself acquainted with it. Do you recognize the
20 document?
21 A Yes, I do.
22 Q What's this document?
23 A This is the MRI departmental manual.
24 Q Did you participate in the creation of this document?
25 A Yes, I have.

1 MR. CARMODY: I would offer Employer's Exhibit 4.
2 HEARING OFFICER SIMMONS: Any objections?
3 MS. HOFFMAN: No.
4 HEARING OFFICER SIMMONS: Hearing no objections, Employer
5 Exhibit 4 is received in evidence.
6 **(Employer Exhibit Number 4 Received into Evidence)**
7 Q BY MR. CARMODY: And Doctor, does this manual include a
8 section on safety?
9 A Yes, it does.
10 Q And just for the sake of those folks who will be reviewing
11 the record, can you flag where that section begins?
12 A That would be page III and it will be Section 2, pages 1
13 to 31.
14 Q Thank you, Doctor. Dr. Vartani, do the MRI techs at
15 RadNet receive a copy of this manual or have access to it?
16 A I don't think they receive a copy of this but MRI
17 technologists and MRI radiologists and all MRI staff have a
18 copy of -- they have access to a copy of this on RadNet's
19 document library section of the RadNet's computer system. So
20 it's electronic.
21 Q And what is the purpose of this manual?
22 A Well --
23 Q And specifically -- I'm sorry, Doctor -- the section
24 concerning safety.
25 A Well, these are guidelines that are taken off of American

1 College of Radiology Accreditation body and these are all the
2 safety steps that every facility that has an MRI unit at RadNet
3 must take to ensure safety of the technologists, safety of
4 patients and safety of everybody else working in that Center.
5 It's a requirement by American College of Radiology and as an
6 accredited facility we need to comply with all of these
7 requirements.
8 Q Next up, Doctor, is a document that's been marked for
9 identification purposes as Employer Exhibit 5. Same drill
10 here. Doctor, please look it over and let me know if you
11 recognize the document.
12 A I do.
13 Q What is this document?
14 A This document must be completed annually by me, by a
15 qualified medical physicist and then an assessment of the MRI
16 safety program. That's your first page.
17 The second page is a visual checklist that is performed by
18 the technologist and documented with regards to patient
19 transport and gantry, the filming and the viewing stations, the
20 radio frequency integrity and control room and the facility
21 safety as a visual checklist for accreditation survey visit
22 perspective and requirements.
23 MR. CARMODY: I'd offer Employer Exhibit 5.
24 HEARING OFFICER SIMMONS: Any objections?
25 MS. HOFFMAN: No.

1 HEARING OFFICER SIMMONS: Hearing no objections, Employer
2 Exhibit 5 is received into evidence.
3 **(Employer Exhibit Number 5 Received into Evidence)**
4 Q BY MR. CARMODY: Okay. Doctor, what is it -- we talked a
5 little bit, a little bit, about safety already. Looking, in
6 particular, at Zone 4 and referring to the degree you feel
7 necessary to your drawing, Employer Exhibit 3, how is it that
8 the MRI technologist will secure the safety of Zone 4?
9 A Well, it's -- the MRI technologist is the competent
10 individual at the Center who knows the science of MRI, who
11 understands the safety operations and aspects of an MRI unit,
12 who understands the importance of ensuring that people entering
13 Zone 4 have been properly screened or have had education
14 related to MRI magnetic field and the danger associated with
15 ferromagnets, so.
16 If you'll repeat that question so I can answer it because
17 it's the MRI technologists -- although we have postings on the
18 door in Zone 4 and Zone 3 and all these things, the individual
19 that's responsible in maintaining safety within the MRI suite
20 is the technologist, is the technologist and --
21 Q Doctor -- I'm sorry, sir.
22 A Under direct supervision of the radiologist or under
23 supervision of the radiologist at the Center.
24 Q And Doctor, what would happen if a metal object entered
25 Zone 4?

1 A It could be catastrophic.
2 Q What do you mean?
3 A Depends on the circumstances. If it's a patient that
4 contains a metal object on them and if that metal object is
5 attached to their body, they'll get sucked into the gantry.
6 If a metal object is taken into the room, like a cart or
7 oxygen tank or a wheelchair or anything that is not MR
8 compatible, it'll get sucked right into the gantry. And as
9 it's being sucked into the gantry, whatever it's on its way,
10 it's pretty much a projectile, going right into the gantry.
11 Q And Doctor, are you aware of any occasions, unfortunate
12 occasions, when something like that has, in fact, happened?
13 A Yeah, numerous. Luckily with RadNet, we haven't had any
14 catastrophic thing but we did have a cleaner bring in the floor
15 buffing machine and took it in the room and it got sucked into
16 the gantry and we had to, you know, pretty much like I said,
17 quench the unit, shut it off, to be able to remove that out of
18 the machine.
19 Another very publicized case was at New York where a kid
20 was being imaged and an oxygen tank that was not MR compatible
21 was brought into the room and got sucked into the gantry --
22 Q When you say the room, into the Zone 4?
23 A The Zone 4. And it got sucked into the gantry. And if I
24 was to explain to you the tube that the patient is in, the
25 gantry that the patient is in, has an isocenter where all the

1 forces are equal to zero so a metal object will rest at what we
2 call an isocenter. So if a patient's head, like this kid's
3 head is at isocenter and somebody walks in the room with an
4 oxygen tank that is ferromagnet, will get sucked into the
5 gantry and it'll go back and forth until it finds the
6 isocenter. And the kid's head happened to be at the isocenter
7 so it smashed -- this baby died, six-year-old baby died in the
8 magnet. And the records are released; it's a public record now
9 because, of course, court settlement and things are all done
10 with. But that's one of the highest publicized cases.
11 Q Doctor, are you familiar with a term "contraindication"?
12 A Yes.
13 Q What is that in laymen's terms?
14 A Contraindication with respect to MRI.
15 Q Yes, sir.
16 A Okay. So there are certain things that a technologist has
17 to take in consideration prior to performing or getting the
18 patient in Zone 4 -- aneurysm clips, cardiac stints, things
19 like this that may not be compatible with the MR unit that
20 they're working with has to be identified before a patient is
21 taken into Zone 4.
22 Q Doctor, what would happen if a patient with a
23 contraindication -- some of the examples you've just listed --
24 was permitted to enter Zone 4?
25 A I can give you an example of a cardiac stint. These have

1 electronic bars than a more internal pacemaker -- okay -- or an
2 internal defibrillator. But anytime you have a wiring system
3 that's looped, it means there's a looping and there's a
4 connection at a point, it increases the ferromagnetic
5 competency, again, exponentially and it causes, at the
6 molecular level, oscillation and then it'll increase
7 temperature. So you can get internal burn marks, bad burn
8 marks. So if these are on vital organs, it could shut the
9 organ from functioning.
10 Q Doctor, with regard to a patient or any person who
11 attempts to enter Zone 4 with metal, whether it's something
12 inside their body or just something they're attempting to take
13 in to Zone 4, what steps is a MRI technologist at RadNet
14 authorized to take to prevent that person from entering Zone 4?
15 A Just to clarify. Meaning a patient shouldn't be in Zone 4
16 and they're trying to get in Zone 4?
17 Q Yes, sir.
18 A They cannot allow them in. There's no lock on the MRI
19 doors. There is a pump that fills the door edges with air to
20 seal the MRI suite because you can't allow any external radio
21 frequency from coming in. It causes an image problem. Aside
22 from that switch there shouldn't be a lock on the door because
23 if that lock malfunctions and a patient is inside then it's a
24 trap. So we have postings that, you know, has picture of
25 wheelchair and oxygen tank and pacemaker and this sort of

1 things on the door that says "do not enter." Now, if someone
2 who's known to have one of these things or is contraindicated
3 tries to get in the room, MRI tech is supposed to prevent them
4 from accessing and if they force in then we call the police.
5 Q Thank you, Doctor.
6 A Yeah, that's what we do.
7 Q With respect to the MRI magnet, itself, can it pose a
8 danger to safety? Does it have to be -- let me strike the
9 question. Is it important that the temperature of an MRI
10 machine and the magnet be monitored for safety?
11 A Oh, talking about helium and -- yeah. So this magnets
12 have to maintain a specific temperature and there is a
13 temperature gauge either at the control, MR controlled area, or
14 somewhere close by that the technologists know and if that
15 temperature drops or increases above certain value, they're
16 supposed to immediately stop and call, call the facility
17 manager and the field engineers that maintain the equipment,
18 and in turn I'll get notified too at that time as to what needs
19 to be done. If the temperature continues to escalate, there
20 might be a reason, and you know, they may need to evacuate the
21 building.
22 Q And is it the MRI tech's responsibility? Is that the
23 person with the responsibility to monitor the temperature
24 levels of the magnet?
25 A Yes.

1 Q What could happen if an MRI magnet overheats?
2 A It can blow up like a bomb. YouTube has nice videos about
3 that, so -- yeah, it's dangerous.
4 Q Thank you, Doctor. I'd like to shift gears now and talk
5 about nuclear medicine and nuclear medicine technologists,
6 please. Doctor, what is nuclear medicine in laymen's terms?
7 A Nuclear medicine, in diagnostic radiology, you either have
8 an anatomical image acquisition or you have physiological
9 molecular level image acquisition. Nuclear medicine is the
10 molecular part of image acquisition. What happens in a nuclear
11 med department is a patient is injected with a radioactive
12 tracer, and this tracer gets taken up by certain cells in the
13 body, depending on the type of isotope, and then the patient is
14 put under a gamma camera. We call them nuclear medicine
15 camera, and all these hotspots where the isotopes are recorded
16 by a processing system that shows, for example, this pathology
17 exists based on injection of this isotope in the patient.
18 Q And, Doctor, what is similarly radioactive material?
19 A Radioactive material is an element that is not in its
20 mutual state. Okay. So artificially it has been mimicked to
21 be at a isotopic level where it will give up energy to achieve
22 its resting state. So it's an unstable element in the form of
23 energy that it gives off to achieve its resting state or its
24 normal state, is the radiation that it gives off. And
25 different isotopes give off different type of amount of

1 radiation based on the type of isotope and element.
2 Q Doctor, what types of medical issues do physicians use
3 nuclear medicine to address?
4 A Well, one of the most common ones that I think everyone
5 will recognize is cancer. People who have cancer and have
6 metastases and spread of cancer in their body, one of the best
7 methods to diagnoses the metastases and to diagnose the cancer
8 is to inject the patient with this type of a radioactive
9 material, which is called FEG. It's a fluorinating isotope
10 that's encapsulated with sugar molecules, and we all know
11 cancer cells are very high in their metabolic activities, so
12 they take up sugar very quickly. So if you have an isotope
13 encapsulated within a sugar molecules and you inject it in a
14 patient, the first cells that are going to pick this up are the
15 cancer cells. And the optic period could be anywhere from 40
16 to -- 40 minutes to about an hour, and then the patient is put
17 under a PET scanner, positron emission tomography scanner,
18 which has a different dynamics and physics from nuclear
19 medicine because of the 511 keV energy output of the F 18.
20 And, you know, you can localize the tumor, and at the same time
21 you can see if there are any metastasises and where the
22 metastasized cancer cells are. So you can derive a treatment
23 option from that point.
24 Q Okay. Doctor, going back to the Board Exhibit 2 in
25 Attachment A, the list of facilities; do you still have that in

1 front of you?
2 A Yes, I do.
3 Q Thank you. Could you identify for us, of the centers
4 listed there, those that offer nuclear medicine?
5 A Number six, Orange Advanced Imaging Center. Number ten,
6 West Coast Radiology Santa Ana. Two facilities.
7 Q Thank you, Doctor. Okay. Doctor, next up is Employer
8 Exhibit 6. Please take a look at this document and let me know
9 when you're done.
10 A Yes.
11 Q Do you recognize this document?
12 A Yes, I do.
13 Q Okay. Who prepared this document?
14 A I did.
15 Q Okay. And what does this document reflect, Doctor?
16 A I was asked to draw the layout of the nuclear medicine
17 department at Orange Advanced Imaging Center related to patient
18 flow.
19 Q Thank you.
20 MR. CARMODY: I'd offer Employer Exhibit 6, Mr. Hearing
21 Officer.
22 HEARING OFFICER SIMMONS: Any objections?
23 MS. HOFFMAN: No.
24 HEARING OFFICER SIMMONS: Can I see your exhibit for a
25 second? Okay. My exhibit looks different than his exhibit.

1 Mine has writing on it that his doesn't.
2 MR. CARMODY: Oh, that's the area where -- let me see.
3 Yeah, there's a reception area. There we go.
4 HEARING OFFICER SIMMONS: All right. Any objections, Ms.
5 Hoffman?
6 MS. HOFFMAN: No.
7 HEARING OFFICER SIMMONS: All right. Employer Exhibit 6
8 is received in evidence.
9 **(Employer Exhibit Number 6 Received into Evidence)**
10 Q BY MR. CARMODY: Okay. Doctor, can you please describe
11 the job duties of a nuclear med technician?
12 A Nuclear medicine technologist, again, like all the techs,
13 has a responsibility of positively identifying the patient as
14 they come in for the study. Again, just like any technologist,
15 they do have any radiology modality technologist, they have
16 responsibility with regards to equipment, quality control.
17 They have responsibilities with material -- safety of materials
18 on hand. They have responsibility of safety of the patients as
19 they come and go through the centers.
20 With nuclear medicine, it's a little bit different from
21 other techs because patients come in and they're injected with
22 radioactive material. The doses, these radioisotopes that are
23 delivered to the center, they come in in shielded boxes --
24 shielded lead boxes, and the technologist is supposed to take
25 that isotope out of the shielded box, make sure the dosage is

1 correct or activity is correct, then injects this isotope in
2 the patient. So now we can put the patient in a lead box. The
3 patient becomes the source of radiation.
4 So the nuclear medicine technologist, one of their
5 fundamental duties and responsibilities are after you inject
6 the patient, the patient is radioactive and you want to make
7 sure that the -- where the patient travels within the facility
8 is in places where other people will not get exposure because
9 if they come outside and sit in the waiting room, like we were
10 discussing, and you have a pregnant patient that came in for a
11 first trimester pregnancy test, ultrasound test and you have a
12 nuclear patient that's been injected with an isotope sitting
13 next to her, well, then the fetus is getting radiated.
14 So one of their fundamental jobs for this nuclear medicine
15 technologist is securing the facility because there's a lot of
16 radioactive materials. And, two, making sure that correct
17 patients are injected, because you don't want to inject someone
18 with radioactive material that don't need to be injected. And
19 then, third, surveying -- having some sort of a surveillance
20 over the patient's -- under their control when they're at the
21 facility.
22 Q Thank you, Doctor. It is -- are the -- with regard to a
23 nuclear medicine PET tech, are the responsibilities
24 substantially the same or are there differences?
25 A No, they are the same, but at a different level.

1 Q Okay.
2 A So the PET isotope, like I discussed, has a 511 kilowatts
3 of energy. So if you were a PET patient and you were injected
4 with a 13 millicurie, which is an average does of this FDG and
5 you were sitting where you were sitting, all of us in this room
6 would be getting radiation from you. Okay. So the difference
7 between general nuclear medicine versus PET is the radiation
8 output dose of the PET isotope is extremely high and it decays
9 fairly quickly. You know, it decays within -- you know,
10 half-life is about two hours. So a PET tech will not allow the
11 patient to leave the center after they're injected. As a
12 matter of fact, they'll put them in a lead lined room to make
13 sure people around, second floor or below and so on and so
14 forth are not in the radiation cloud where the patient is in.
15 And after the period is done, the patient is taken to the
16 PET restroom patient -- because the urine contains radiation.
17 They have to empty their bladder and then they're put under the
18 PET scanner and the PET acquisition is done. Then the tech has
19 to walk the patient out.
20 Q Thank you, Doctor.
21 A So they don't come back and sit in the waiting room.
22 Q Thank you.
23 A Yeah.
24 Q And with regard to Employer Exhibit 6, you mentioned that
25 there's a -- for instance, a lead lined room where the patient

1 will sit while radioactive. Where is that depicted in your
2 drawing here?
3 A In Orange Advanced we have two, what we call a quiet
4 room/uptake room, because that's where the patient is injected
5 and that's where they stay for an hour before they're brought
6 out to the PET-CT scanner for imaging. Right next to the hot
7 lab, in the middle of the page, it says, "PET Patient Uptake
8 Room Injection," and then there's one right across of the
9 hallway on the other side. So there are two quiet rooms.
10 Q Thank you. And I see here, I think, an adjacent box, PET
11 toilet; do you see where I'm referencing?
12 A Yes. Yes. So for our PET patients or for our PET
13 facilities, nuclear facilities in general, when a patient
14 urinates, you can have urinate droppings and urine after
15 they're being injected. Of course, urine is radioactive.
16 Okay. They contain radiation. You can't open that to general
17 public until the room is surveyed by a Geiger meter and make
18 sure that the radiation in the room is no different than
19 background. Background radiation in the waiting room, for
20 example.
21 So the PET toilet is under constant surveillance by the
22 technologist to -- after the patient urinates to ensure safety
23 if somebody else is going to use that restroom. Usually,
24 typically we close it down and we only use it for PET patients,
25 and at the end of the day when they're done, the technologist,

1 nuclear technologist will go in and will survey and he picks up
2 background activity, then will decontaminate the room and then
3 they'll close books, pretty much.
4 Q Thank you, Doctor. I see, essentially of the middle of
5 the drawing here, a room that appears to be labeled hot lab; do
6 you see that, Doctor?
7 A Yes, I do.
8 Q And what is the hot lab exactly?
9 A Hot lab is a laboratory. This is where all of the doses
10 are delivered.
11 Q The doses of what, Doctor?
12 A The radioactive isotope doses. So based on the schedule,
13 the technologist, or someone that's assigned by the
14 technologist, will order unit doses. Unit doses meaning a dose
15 for that particular patient for tomorrow's studies. There are
16 two delivery schedules per day. One is in the morning and one
17 is during noon, and the isotopes are delivered based on when
18 the patient is scheduled. And they're delivered in this lead,
19 heavy plastic containers, and inside of the containers, the
20 syringe is placed inside what we call a Pig, an additional lead
21 container, and this is where these doses are delivered to, to
22 this hot lab because it's a restricted area. It's a locked
23 down room. The only access is by the technologist. Most of
24 them have cipher locks on them.
25 Aside from patient doses, we also have other radioactive

1 materials like Cesium-137. That has a half-life of 30 years.
2 Like Cobalt-57, like Germanium-68, and all of these other
3 isotopes are used for aiding image acquisition and quality
4 control of these cameras.
5 So all of these sources are in the hot lab. It's a
6 restricted zone and on the outside of it has all of this
7 information in case of emergency, who to contact. And the
8 technologist's name is on there as well.
9 Q Thank you, Doctor. Dr. Vartani, nuclear med
10 technologists, and by that I'll -- here also I'll use that as
11 an all-encompassing term to cover Nuc Med as well as PET-CT.
12 A Yes.
13 Q So thus we define, do these folks require a license or any
14 kind of certification?
15 A Yes, they do. PET -- well, nuclear medicine is a licensed
16 field in the state of California. California does not offer an
17 examination for licensing purposes to nuclear medicine
18 technologists; however, the technologist must pass their board
19 exam given by American Board body in nuclear medicine and they
20 present that to the Department of Health Service, Radiologic
21 Health Branch with their fee and then they get their license.
22 They must be licensed, yes. There is a license for the nuclear
23 medicine technologist. It's a licensed field.
24 Just for clarification purposes, you said PET-CT.
25 Q Yes, sir.

1 A And I want to clarify where CT fits with PET.
2 Q Okay. That would be helpful.
3 A Because sometimes we have a CT technologist to operate the
4 CT portion of the PET camera. Okay. So the way -- and these
5 CT technologists must be oriented by the PET technologist in
6 safety of radioactive patients. So if I was to take a picture
7 of a human body that has cancer and has been injected with this
8 F 18 isotope, I would get this really shady -- you know, I'd
9 know where the head is, where the shoulders are, where the arms
10 are. I'll see the abdomen and I'll see the lower extremities.
11 And let's say if the activity is in the abdomen area, I'll just
12 see a bright spot in that picture that shows where the cancer
13 cell is because it has uptaken this F 18.
14 The CT portion of that camera, which is called PET-CT is a
15 CT acquisition to accurately put the activity on what organ it
16 is on or what section of the body is. So CT portion of a PET
17 is image acquisition modifier to make sure that the radiologist
18 that reads this can say, okay, yeah, there is, for example,
19 there's no activity. If there is activity, could specify exact
20 location within a certain artery or vessel or whatnot.
21 Q I understand. Doctor, getting back to the hot lab, who is
22 it that's permitted to enter the hot lab?
23 A On the radioactive materials, every facility that does
24 nuclear procedures has a radioactive material's license that's
25 given by Department of Health Services. There are many

1 commitments on that radioactive material's license, and then as
2 you would be like a liquor license, you know, type of a deal.
3 If you don't have it, you can't buy radioactive sources,
4 therefore, you can't do nuclear studies.
5 So part of the commitments on this RAM license says that
6 areas that you will maintain or store radioactive materials
7 could only be accessed by authorized users on the license and a
8 licensed technologist -- nuclear medicine technologist. So if
9 you look at the radioactive material's license, you won't see a
10 tech name there because they're automatically qualified, but
11 you will see doctor's name there. So if you have a doctor
12 who's not qualified, they have no right to accessing that hot
13 lab. And state has to approve access. So my name, for
14 example, is all on -- I oversee 32 radioactive material's
15 licenses in California. My name is on all of these licenses.
16 Q Thank you, Doctor. And, Doctor, all that you've described
17 taking place with reference to this particular exhibit,
18 Employer 6, that applies to Orange Advanced, the fact that the
19 hot lab is locked, the purpose of the PET toilet, does -- just
20 by way of example, is all of that testimony generally
21 applicable to West Coast Radiology Santa Ana?
22 A Yeah, it doesn't -- it doesn't matter where a facility is.
23 Wherever you have hot lab, you have isotopes. Wherever you
24 have isotopes, that area will have a laboratory. It's a
25 requirement. You won't get a license without that. They come

1 and check from state. So you need to comply with all of the
2 requirements. One of them is that you have a locked down hot
3 lab that is secured and you have to, as a center, as Orange
4 Advanced, for example, they have to commit to securing this hot
5 lab and they have to commit surveying the hot lab and so on and
6 so on and so forth. And all of these are done by nuclear
7 medicine technologists.
8 Q Thank you.
9 A And primarily, just in case if you have a leak or
10 something gets stolen or whatnot, you know, the technologist is
11 the custodian of the sources. You know -- yeah.
12 Q I understand.
13 HEARING OFFICER SIMMONS: Do you guys want to take a five-
14 minute break?
15 MR. CARMODY: I'm sorry?
16 HEARING OFFICER SIMMONS: Do you guys want to take a five-
17 minute break?
18 MR. CARMODY: Sure.
19 HEARING OFFICER SIMMONS: Okay. Be back at 3:25. Off the
20 record.
21 (Off the record at 3:19 p.m.)
22 HEARING OFFICER SIMMONS: You may procced.
23 MR. CARMODY: Thank you.
24 Q BY MR. CARMODY: Doctor, very quickly, I just want to
25 backtrack to the MRI, that modality for a brief moment. On --

1 if there were a need to quench, I think is the right term, the
2 MRI machine for whatever the safety reason, what kind of
3 impact, in particularly fiscal impact, if any, could that have
4 on RadNet and its operations?
5 A Well, once the magnet is -- there's a red button. Once
6 that button is pushed and the magnet is pretty much quenched at
7 that point, it takes -- from the time, pretty much turning the
8 whole entire thing off to the time you can bring the magnet
9 back up, could take about a week. So of course, you can't see
10 patients during that period. We have had occasions where the
11 magnet had to be shut down. And, yeah, it takes anywhere
12 from -- depending on what's wrong and what needs to be done and
13 when it's brought back up, what parts have gone bad that need
14 to be replaced and availability, I would say on an average
15 takes about a good week to get the magnet to come back up. And
16 usually the cost associated with the quench is somewhere around
17 50-, $55,000.
18 Q Okay. Thank you, Doctor. Getting back to nuclear
19 medicine, you should have in front of you a document that's now
20 labeled for identification purposes as Employer Exhibit 7.
21 A Yes.
22 Q Is this a document you recognize?
23 A Yes, I do.
24 Q Did you have any role in terms of the creation of this
25 document?

1 A Yes, I am part of the committee developing radiation
2 safety manual for RadNet centers in California.
3 Q Okay. And you described before a database, if that's the
4 right word for it?
5 A Yes.
6 Q That RadNet employees could access for different
7 materials. Would this radiation safety manual be among them?
8 A Yes.
9 MR. CARMODY: I'd offer Employer Exhibit 7.
10 HEARING OFFICER SIMMONS: Any objections?
11 MS. HOFFMAN: No objection.
12 HEARING OFFICER SIMMONS: All right. Employer Exhibit
13 number 7 is received in evidence.
14 **(Employer Exhibit Number 7 Received into Evidence)**
15 Q BY MR. CARMODY: Okay. Doctor, next up is Employer
16 Exhibit 8. Please take a look at that document and let me know
17 if you recognize it.
18 A Yes, I do.
19 Q Okay. And same line of questions here, Doctor. Is this a
20 document that you had a role with respect to its creation?
21 A Yes.
22 Q Okay. And is this a document that is available to RadNet
23 employees through the technology we were talking about a moment
24 ago with respect to Employer's Exhibit 7?
25 A Yes.

1 MR. CARMODY: I'd offer Employer Exhibit 8.
2 HEARING OFFICER SIMMONS: Any objections?
3 MS. HOFFMAN: No.
4 HEARING OFFICER SIMMONS: Employer Exhibit 8 is received
5 in evidence.
6 **(Employer Exhibit Number 8 Received into Evidence)**
7 Q BY MR. CARMODY: Next up, Doctor, Employer's Exhibit 9.
8 Please take a look at this and let me know if you recognize it.
9 A Yes.
10 Q Did you play a role in the creation of this document?
11 A Yes.
12 Q Okay. Is it likewise available to the RadNet employees by
13 accessing the technology we talked about a moment ago?
14 A Yes.
15 MR. CARMODY: I'd offer this document, Mr. Hearing
16 Officer.
17 HEARING OFFICER SIMMONS: Any objections?
18 MS. HOFFMAN: No.
19 HEARING OFFICER SIMMONS: Employer Exhibit 9 is received
20 into evidence.
21 **(Employer Exhibit Number 9 Received into Evidence)**
22 Q BY MR. CARMODY: Doctor, could you explain, please, how
23 the removal of a radioactive source from the hot lab could
24 create a risk of exposure for the folks who are outside of the
25 hot lab; diversion I suppose would be a good word to use?

1 Diversion of radioactive?
2 A Could you be more specific as to what -- what source? Are
3 you talking about sealed sources? Are you talking about
4 patient doses?
5 Q How about Cesium?
6 A Cesium is a sealed source. It's not just Cesium. It's
7 Cesium-137. The isotope name is Cesium-137. It has a half-
8 life of 30 years. So if someone was to steal a Cesium source,
9 which is in an E vial -- we call them, and take it out of the
10 center, you know, it's very small. It's not that big. The
11 implications of it being 30 -- having a 30-year half-life, it
12 means for it to go from, giving your example, going from ten
13 millicurie to five millicurie, will take 30 years. This thing
14 is extremely dangerous because, again, like if someone dumps
15 this in a lake or in waters or things like this, then people
16 are going to get radiation, right, from the -- excessive
17 amounts of radiation.
18 Just to clarify, from hot lab perspective, we write a
19 stipulation when we are applying for radioactive material's
20 license, that if the technologist, if you have a sink in the
21 hot lab or in the quiet room or anywhere else, the technologist
22 is not allowed to dispose liquid or solid radioactive sources
23 through the sewer system.
24 Q And what can happen, Doctor, just a matter of health to a
25 person who is exposed to excessive amounts of radioactive

1 material?
2 A Many different things. You know, it depends on the amount
3 and the energy of the radioactive material. Anything from
4 stochastic effect, which we really don't know down the line,
5 ten years, 20 years from now what could -- you know, to
6 immediate effects, drop of platelets, internal bleeding, crash
7 of nucleosides, you know, disorders such as disseminative
8 intravascular coagulations. You know, death. Everything is
9 possible.
10 Q Doctor, how do the nuclear medicine technologists
11 themselves prevent their own personal exposure and risk in the
12 hot lab?
13 A Right. So nuclear techs wear dosimetry badge. We call it
14 translucent dosimetry badges, TLD badges. They're supposed to
15 wear them when they're working and the badge stays at the
16 center when they leave work. The badge monitors their monthly
17 accumulated doses.
18 So we use certain equipment in the hot lab to separate the
19 technologist from the sources while they're handling it. One
20 of the things that we use is called an L-Shield that has a very
21 thick glass, lead glass, lead co -- glass on top, and the
22 isotope, when they take it out of the container that it's being
23 delivered, they put it inside of the L-Shield, and as they're
24 watching, they're working with the isotope. And then we have
25 other things that are called Syringe Shields that are, again,

1 lead lined large --

2 HEARING OFFICER SIMMONS: Hold on a second. Whoever's got

3 that phone, put it on mute. Thank you.

4 Continue.

5 THE WITNESS: I'm just hoping that's not mine.

6 HEARING OFFICER SIMMONS: Sorry.

7 THE WITNESS: It can't be. So we have Syringe Shields

8 that they use to put the syringe in it. Again, it's got lead

9 lining around it. So we have all of these required gear to

10 distant the technologist from the source or have the source

11 between the technologist and the source while they're working.

12 But --

13 HEARING OFFICER SIMMONS: Hold on for a second.

14 If you're going to keep texting, can you do that outside?

15 I'm talking to the individual in the striped shirt.

16 UNIDENTIFIED SPEAKER: Oh, sorry.

17 HEARING OFFICER SIMMONS: All right. Thank you.

18 Continue.

19 THE WITNESS: Yeah, so we -- we -- you know, the state

20 requires us to purchase all of these different types of

21 equipment to -- to reduce the dose. As -- as a nuclear

22 technologist, as part of your job, you're going to get

23 exposure, wanted or not, because once you inject the patient,

24 the patient is radioactive. Okay?

25 So there are different types of gadgets that, you know,

1 we're required to buy and to put in use at the centers to
2 reduce exposure to the technologists.
3 Q BY MR. CARMODY: And Doctor, if an unauthorized individual
4 attempted entry into hot lab, what steps is the nuclear
5 medicine technologist authorized to take to prevent their
6 entry?
7 A Well, the doors are all locked. Right? The door to the
8 hot lab or all of the restricted areas are secured by cipher
9 lock. And the only person who's got access to this room is the
10 technologist. Even the facility manager is not supposed to
11 have access to these -- to these locked doors. So they're
12 locked. Now, if someone tries to force themself into the --
13 into the hot lab, the tech has to call the authorities.
14 Q Those are the questions I have. Thank you, Doctor.
15 A Oh, you're welcome.
16 HEARING OFFICER SIMMONS: All right. Ms. Hoffman --
17 MS. HOFFMAN: Yes.
18 HEARING OFFICER SIMMONS: -- cross? Are you ready to go or
19 do you need a moment?
20 MS. HOFFMAN: I'm ready.
21 HEARING OFFICER SIMMONS: Okay. Please proceed.
22 **CROSS-EXAMINATION**
23 Q BY MS. HOFFMAN: Okay. I'm going to ask you questions,
24 and the first set is limited to the MRI techs. Okay.
25 A Okay.

1 Q Do the MRI employees carry weapons?
2 A Excuse me?
3 Q Yet. Do the MRI employees carry weapons?
4 A No.
5 Q Do they carry clubs or any other type of security device?
6 A No.
7 Q Okay. Do they wear any type of badge that identifies them
8 as security or guard personnel?
9 A No.
10 Q Okay. Do they sit at a security booth?
11 A We don't have security booth. No.
12 Q Okay. Do they have close circuit television or computer
13 monitors where they access the -- watch the perimeter of the
14 facility?
15 A No.
16 Q If they see suspicious activity on the premises, do they
17 have any duties with regard to that?
18 A Can you clarify your question?
19 Q I don't know. A bomb threat, someone's going to rob the
20 place?
21 A Not any different than any other employee at the center.
22 Q Okay.
23 A We all -- we call 9-1-1 or something.
24 Q Okay. Are they instructed or expected to use physical
25 force if there are persons that are suspicious on the

1 facility -- at the facility?
2 A No.
3 Q If they see a rule infraction, who do they report it to?
4 A Can you give me an example?
5 Q If -- something that has to do with overall safety at the
6 facility.
7 A If it's directly related to the MRI unit --
8 Q Um-hum.
9 A -- itself, well, they're the authority. So immediately
10 they have to report it to the on-site radiologist and the
11 facility manager, and follow directions from that point on.
12 Q Okay. Do they issue visitors' passes?
13 A No. I don't think so.
14 Q Do they require people to sign in to gain access to the
15 premises?
16 A No.
17 Q Are they involved in frisking the persons entering the
18 facility?
19 A Like police do?
20 Q Yes.
21 A No.
22 Q Are they involved in sweeps or shakedowns of the facility?
23 A No.
24 Q Do they -- I don't know if you have an alarm system at
25 your facility.

1 A Some do, some don't.
2 Q Okay. Are they involved in activating or deactivating --
3 A Yeah. If they are -- if we have an alarm system on center
4 and they are the last ones to leave the center, then would need
5 to activate it.
6 Q Okay. Would there be other employees that also might be
7 able to activate or deactivate the alarm?
8 A Typically, if the facility has an alarm system, then
9 whoever leaves last should activate it.
10 Q Okay. We're still on the MRI techs. Do they -- they
11 don't have keys to their rooms, that's correct, because you
12 said you couldn't have metal, so.
13 A Well --
14 MR. CARMODY: What --
15 Q BY MS. HOFFMAN: But do they have keys, special keys to
16 get in and out of the facility? In general, first.
17 A I think when -- when the techs come to work in the
18 morning --
19 Q Um-hum.
20 A -- the facility's already open. Somebody has opened the
21 facility.
22 Q Okay.
23 A If they are the ones who are going to open the center,
24 then obviously they should have a key to the center.
25 Q Okay.

1 A Yeah. I think the only exception to that is in West Coast
2 Santa Ana --
3 Q Um-hum.
4 A -- they actually have a cipher lock to gain access to the
5 3 tesla MRI unit. So if you don't know the code, you can't get
6 into that facility -- that -- to that 3 tesla unit.
7 Q So do all the MRI techs have that or --
8 A I think the MRI techs that work at that center.
9 Q Okay.
10 A Yeah.
11 Q Do they fill out any type of incident reports?
12 A Yes, they do.
13 Q Okay. And what would those involve?
14 A The incident reports are very broad. It could be anywhere
15 from patient -- it could be -- it could be so many thing. It
16 could be patient refused at the middle of the study and wants
17 to get out of the scanner, they become combative, if wrong
18 study was done on the wrong patient, if a technologist seen
19 someone damaging the equipment, if a patient is -- or someone
20 is trying to get into the MRI suite without their
21 authorization, you know, things like this.
22 Q Okay. Would the incident report be any different than
23 what other techs would fill out?
24 A RadNet Management quality assurance department develops
25 all of the incident reporting formats.

1 Q Okay.
2 A I think they are specific with the modality, because if it
3 requires any type of investigation into that incident, then,
4 for example, on the CT, you would need to know the protocols
5 used, time of acquisitions; in MR, you would to know the type
6 of coils that were used, you know, things like this. So I
7 think they are -- I haven't -- most of the incident report I
8 see are related to CT and I had a few MRs here and there, but I
9 think they're different. I think each modality has its own
10 incident report.
11 Q So a mammographer would also have their -- an incident
12 report?
13 A I think x-ray. Generally x-ray, diagnostic x-rays is one.
14 Q So x-ray. Would ultrasound also have an incident report?
15 A Yes.
16 Q Okay. Are the employees required to be bonded, MRI
17 employees?
18 A I don't understand that question.
19 Q Okay. Are the employees deputized?
20 A No.
21 Q Does your insurance require that an employee guards?
22 A I don't know.
23 Q Are the employees fingerprinted or photographed at the
24 time of hire?
25 A I don't -- I don't think I know enough to answer that

1 question. I know there's a background check done on employees,
2 and they have to clear a third-party verification system. How
3 they're -- how that's being done now, I'm not sure.
4 Q Would the MRI techs have to perform any role -- security
5 role in the event of a strike?
6 A I don't understand that question.
7 Q Okay. Well, that would mean then, if the employees were
8 on strike, would the MRIs --
9 A Oh.
10 Q -- guard your facility?
11 MR. CARMODY: Objection. Calls for speculation.
12 HEARING OFFICER SIMMONS: If he knows.
13 THE WITNESS: Okay. So -- so if the MRI technologists are
14 on strike --
15 Q BY MS. HOFFMAN: Would they be required -- like say the
16 whole facility was on strike.
17 A Okay.
18 Q The radiologists, the --
19 A Um-hum.
20 Q -- everybody.
21 A Um-hum.
22 Q Would the MRI techs have to guard the facility in the
23 event there was a strike of other employees?
24 A That's --
25 MR. CARMODY: Same objection.

1 HEARING OFFICER SIMMONS: If you know.
2 THE WITNESS: Can I answer it?
3 HEARING OFFICER SIMMONS: If you know. Do you know the
4 answer to the question?
5 THE WITNESS: I -- I don't know how --
6 MR. CARMODY: Okay.
7 THE WITNESS: -- to answer that --
8 MR. CARMODY: It's calling for speculation.
9 THE WITNESS: -- no. I don't know.
10 HEARING OFFICER SIMMONS: Well, he's testified that he
11 knows the rules and responsibilities of these employees, which
12 I think would entail strike -- or strike activity.
13 MR. CARMODY: That's assuming facts in evidence -- assuming
14 facts not in evidence. Those being that the manuals address
15 that very specific scenario.
16 HEARING OFFICER SIMMONS: I'm going to overrule.
17 THE WITNESS: So I would say if -- if -- if they are
18 leaving the center, are they going to leave the MR door open
19 and, you know, not follow the MR safety policy procedure
20 manual, no. They have to follow that because if somebody walks
21 in that zone 4 and -- and they are allowed to, then that
22 person -- it could be a fatal mistake.
23 If you're referring to what's the difference between them
24 leaving the center when they're done work (sic) at the end of
25 the day versus securing the place and walking out and coming

1 back to work the next day, would they -- should they follow the
2 same procedures if they are to, for example, like you said,
3 strike, then that -- that should be fine so long as they follow
4 the safety protocols, I mean, you know, before they leave the
5 center. They can't just leave the doors open and take the
6 signs down and whatnot, and just let anybody walk into these
7 doors because it could be a fatal mistake.
8 Q BY MS. HOFFMAN: Are the MRI techs supervised differently
9 than the other techs that work at the facilities?
10 A MRI technologists have different policy, procedure manual.
11 So we in medicine have to comply with our scope of practice and
12 with our policies with maintaining safety, with maintaining
13 proper diagnostic procedures and -- and whatnot. And every
14 science of radiology varies.
15 I think today what I try to hopefully get across, that one
16 modality to other modality, there are -- there are different
17 dangers involved. You're dealing with radiation and you're
18 dealing with magnets, and -- you know, so every modality and
19 every technologist has to comply with their own practice,
20 policies, and procedures and their own scope of practice. I
21 cannot generalize that with every field of radiology because an
22 ultrasound tech will have a completely different scope of
23 practice to an MR, to a nuclear medicine, to an x-ray tech. So
24 it's not a -- it's not correct to answer -- ask a general
25 question. You have to be a lot more specific for me to be able

1 to answer that.
2 Q Okay. So if an MRI tech doesn't follow protocol, who
3 would be the one -- who would supervise them or discipline
4 them?
5 MR. CARMODY: Objection. Lack of foundation. There's been
6 no testimony that he would have knowledge on something like
7 this.
8 HEARING OFFICER SIMMONS: Ms. Hoffman?
9 MS. HOFFMAN: Well, let me ask him.
10 Q BY MS. HOFFMAN: Do you have any knowledge of how they're
11 supervised in Orange County, the techs in general?
12 A Yeah. In -- in radiology generally, if you have a
13 radiologist on site --
14 Q Um-hum.
15 A -- that radiologist becomes what we call operator
16 supervisor. Okay? I'm -- I'm not including nuclear medicine
17 because, if you recall, with nuclear medicine, you have to be
18 -- a physician has to be an authorized user. The operator
19 supervisor applies to any x-ray generating equipment. Okay?
20 So for example, if a technologist is performing a CT study or
21 x-ray study, at some point in that day they need to have an --
22 an operator supervisor, either off site or on site, supervising
23 them. If there's any type of venipuncture involved, then the
24 operator supervisor has to be on site or there's got to be
25 direct supervision of the technologist on site.

1 For MRI, because it's not an ionizing radiation modality,
2 that rule doesn't apply. What that means is MRI technologists
3 could be alone at a center without any physician on site and
4 perform MR studies so long as there's no contrast involved. So
5 if they are there on a Saturday and no contrast has been
6 scheduled, they are the primary operators and supervisors of
7 the MRI unit.
8 Now, if any incident occurs, then they are directed to
9 contact facility manager Dr. Vartani, Tim Chavez, whoever, you
10 know, their supervisors are. But they are -- if they're
11 working on Saturday and there's no contrast scheduled for that
12 day, they are the supervise -- they're the operator supervisor
13 of the MRI unit.
14 Q Now, you testified that there was an incident involving, I
15 guess, housekeeping and an MRI machine?
16 A Yes.
17 Q Okay. So do you use a subcontractor to clean those rooms
18 or --
19 A I won't be the right person to really answer what our
20 janitorial services are, who -- because I -- I've seen them
21 come and go at -- at so many different centers. But I've told
22 all of our MRI technologists, I said, hey, look, if you see a
23 new janitorial services, make sure you talk to them and you
24 explain to them MR safety because if they walk in that room --
25 first of all, they're not supposed to go in that room, but if

1 they walk in that room with something that is magnetic, you
2 know, I mean, you know, depending on what the situation is, it
3 could -- it could be catastrophic for -- for the company, for
4 them, for everybody. So we -- we should. I mean, the MR
5 technologist should protect the center and the equipment and
6 people who are coming around by orienting them about MR safety.
7 Q Okay. In Employer Exhibit 4, page 1 dash 3 --
8 A Exhibit 4.
9 HEARING OFFICER SIMMONS: It's this book.
10 Q BY MS. HOFFMAN: It's called --
11 A MRI Department --
12 Q -- MRI Department Manual.
13 A Oh. I think it's the one that's open already. Okay.
14 Okay. Got it. What page?
15 Q 1 dash 3.
16 A 1 dash 3. Okay. Okay. Got it.
17 Q Okay. It says that, "Non-MRI personnel are also trained
18 on the safety of the machinery;" is that correct?
19 A Where are you reading that?
20 Q "Non-MRI personnel. Employee training."
21 A Okay. "Non-MRI personnel working in the center also
22 receive training at the time of hire and annually thereafter as
23 part of their annual safety training regarding the safety
24 issues of MRI and precautions to take" -- "to be taken when
25 working near or in the magnetic field."

1 Q Okay.
2 A Yes, that is true.
3 Q Okay. So what role do non-MRI personnel have in securing
4 the technology?
5 A Okay. Like I described, zone 4, 3, 2, and 1, pretty much
6 when you have an MRI magnet at a center, all of those zones,
7 they have some form of a magnetic field present. The MR safety
8 that the non-MR personnel are trained in, is to understand the
9 basics of, if you see the door open, make sure you inform
10 someone the MR door's open, make sure you inform someone -- the
11 basic principles of MRI safety pretty much that they get
12 oriented to in case. If you have to walk a patient to that
13 area, you need to make sure you talk to the MRI technologist to
14 get their blessing before you take the patient in that region,
15 because if they have -- you know, they have clips or they have
16 any kind of eccentric devices on their body that may be
17 ferromagnetic, it could be problematic.
18 You know the majority of things have -- deal -- when it
19 says MR safety, you're just pretty much trying to highlight
20 that this is not a safe environment because you have a lot of
21 magnetic strengths and magnetic fields going on.
22 Q Um-hum.
23 A So just to be aware of what -- what that is and what to
24 report in case if they see something to the MRI technologist.
25 Q Okay. And when patients go for an MRI, does the personnel

1 at the desk when they come in also go over the dangers of an
2 MRI?
3 A I think there's a questionnaire that's given to the
4 patient to complete, and part of that question goes go over, do
5 you have this, do you have -- you know, have you been --
6 Q Take your --
7 A -- working with metal --
8 Q -- jewelry off?
9 A -- strips, and you know, if you have jewelry, if it's
10 magnetic, you know, you need to remove it.
11 Q Right.
12 A You know, things like this. And then that intake papers
13 are given to the technologist and then the technologist
14 verifies or questions the patient before they're taken into the
15 MRI suite.
16 Q All right. Now, I'm going to have to ask you the same
17 questions about the other job classifications, so. So now I'm
18 going to ask you the same thing about the CT and PET scan
19 operators.
20 A PET/CT.
21 Q Okay. PET/CT?
22 A Yes.
23 Q Can I lump them together?
24 A (No verbal response).
25 Q Okay. So do the PET/CT techs carry weapons?

1 A No.
2 Q Clubs?
3 A No.
4 Q Or other security type devices?
5 A No.
6 Q Okay. Do they wear any identification badges that
7 identify them as being security or guard personnel?
8 A No.
9 Q Okay. Do they work in security booths or reception areas
10 or in front of close circuit television or computer monitors
11 monitoring security?
12 A Some sites do, yes.
13 Q Okay. And so what does that mean?
14 A If they don't have direct -- they don't have direct sight
15 of where the patients are going to be, let's say the facility
16 is designed in such way where they don't have direct visual of
17 the PET patients --
18 Q Um-hum.
19 A -- then we do have cameras in those rooms and we do have
20 TVs in the tech area that they can monitor to make sure the
21 patient stays in that place. And if they get out, they can
22 immediately get to them.
23 Q So would they monitor anything outside of that area or
24 just in the --
25 A In -- in what is called the restricted --

1 Q Okay.
2 A -- zone where -- where a radioactive patient could walk
3 around or, you know, has access to.
4 Q Okay. And if they witness suspicious activities on the
5 premises, are they expected to use physical force?
6 A No.
7 Q Okay. If they see something suspicious, what are they
8 expected to do?
9 A Call the police.
10 Q Okay. Do they -- outside of the physical area of the
11 PET/CT area, do they have responsibilities for any security
12 outside of those areas?
13 A Security, no.
14 Q Okay. Do they make periodic rounds of the premises?
15 A Within the restricted area, yes.
16 Q Okay. But not outside of the restricted area?
17 A No.
18 Q Do they use two-way radios?
19 A Not at RadNet centers.
20 Q Okay. And I guess I didn't ask that for the MRIs. Do
21 they use two-way radios?
22 A No. You can't use radios in MRI. It's a --
23 Q Yeah.
24 A -- radio frequency issue.
25 Q Okay. And they're not responsible for having employee --

1 having persons entering the premises sign in in any way?
2 A No.
3 Q Or issue them visitors' passes or badges?
4 A Well, just so we're clear, when the radioactive materials
5 are delivered --
6 Q Um-hum.
7 A -- sometimes they deliver them very early in the morning,
8 like when the patient doses come in. So they say people have
9 to sign in so the technologists aware someone has access to --
10 because they have key to -- to the hot lab. They have to drop
11 off the --
12 Q Oh, the delivery people have keys also?
13 A Well, yeah. They're trained. They are special people who
14 are licensed to enter these radioactive hot lab areas. So when
15 they come in and they're -- at 5:00 in the morning and there's
16 no one at the site, they have key to get in, but they have to
17 log in entry to the hot lab.
18 Q Okay. Are those --
19 A If that's relevant.
20 Q Are those employees of RadNet or are those vendors?
21 A Those are employees of radiopharmaceutical companies that
22 deliver the doses to our centers.
23 Q Oh, okay. And do the CT/PET scans make periodic rounds of
24 the premises? You -- oh, I already asked that. Okay. Do they
25 activate or deactivate security devices at the Employer's

1 premises?
2 A Like alarms and things --
3 Q Yeah.
4 A -- like that? Like I said, if -- if the -- if the
5 facility's alarmed and they leave -- they're the last one to
6 leave, they have to activate it. If they are --
7 Q Okay.
8 A -- the first ones to come in, they have to deactivate it.
9 Q They don't have -- so you're saying that they do have
10 access to special keys to get into the rooms?
11 A Who? The radiopharmaceutical delivery people?
12 Q No. The CT/PET scan people?
13 A Oh, you mean the nuclear --
14 Q Yes.
15 A -- technologists? Yeah, the -- the facility that you
16 discussed as restricted area --
17 Q Um-hum.
18 A -- if it's -- if it's not -- if it's a lockdown area, then
19 it -- it will require some sort of a pin to -- it will cipher
20 locks on it.
21 Q Okay.
22 A Yeah.
23 Q Do other employees have access to that pin also besides
24 the --
25 A Nuclear technologists?

1 Q Yeah, the nuclear technologists.
2 A Just the authorized users --
3 Q And who else --
4 A -- who are -- who are the physicians who are on the
5 radioactive materials license, the technologists, and delivery
6 personnel who deliver the radioactive materials.
7 Q Okay.
8 A That's it. Regional manager, site manager, these people
9 should not have access to these areas?
10 Q Okay. And they're, again, the PET/CT nuclear medicine
11 techs are not deputized, correct?
12 A They're not deputized. No.
13 Q And I'm going to ask you the same question about if they
14 perform any special function in the event of a strike?
15 MR. CARMODY: Same objections.
16 HEARING OFFICER SIMMONS: Overruled. If you know.
17 Q BY MS. HOFFMAN: Do you know --
18 A So --
19 Q -- if they perform any special function in the event of a
20 strike?
21 A Yeah. I think my answer would be the same as MR because
22 -- even more so with the nuclear technologists because now
23 they're dealing with nuclear material that could be stolen from
24 the center. So it becomes that much important to secure.
25 Regardless of what's going on outside of the center, they have

1 to secure the nuclear medicine department before they leave the
2 center. They have to secure it.
3 Q But they wouldn't be expected to keep it secure while they
4 were out on strike?
5 A Well, the way the place is developed is once you secure
6 it, then the only person who could get back in there is who
7 knows the security of -- the codes and things.
8 Q All right. Okay. So the only other one is the
9 multimodality tech. So I'm going to go back to the same
10 questions for the multimodality. So --
11 MR. CARMODY: Objection. That exceeds the scope of my
12 direct examination. I didn't ask about multimodality techs.
13 MS. HOFFMAN: Okay.
14 HEARING OFFICER SIMMONS: To clarify, are they encompassed
15 in the MRI tech testimony?
16 MR. CARMODY: Yes. In as much as multimodality techs who
17 -- multimodality techs who practice in MRI are the ones at
18 issue here.
19 HEARING OFFICER SIMMONS: Correct.
20 MS. HOFFMAN: Okay.
21 HEARING OFFICER SIMMONS: And I was uncertain if the rules
22 and responsibilities were encompassed in the first part of your
23 questions with regards to MRIs and lead MRIs. Is that -- I'm
24 -- I don't know. I'm clarifying. There was or was not?
25 MR. CARMODY: Our position here is there's no -- a person

1 that's doing the MR point, or more of the point, responsible
2 for the safety associated with MR work, it doesn't matter if
3 it's an MRI tech or a multimodality tech doing MRI. That's the
4 argument.
5 HEARING OFFICER SIMMONS: All right.
6 MR. CARMODY: So it's not the position that's at issue,
7 multimodality techs. Because you could have some that practice
8 a modality other than MRI. It's the people who are at issue
9 who are multimodality techs who among the modalities practice
10 MRI.
11 HEARING OFFICER SIMMONS: Ms. Hoffman, your response?
12 MS. HOFFMAN: As long as it's covered by me asking
13 questions about the MRI and the radiation, PET, CT, then I'm
14 okay with not asking them all again.
15 MR. CARMODY: So stipulated.
16 MS. HOFFMAN: Okay.
17 HEARING OFFICER SIMMONS: Okay.
18 MS. HOFFMAN: Okay.
19 HEARING OFFICER SIMMONS: All right.
20 MS. HOFFMAN: I do have a couple other questions.
21 Q BY MS. HOFFMAN: The radiation safety manual, which is
22 Employer Exhibit 7 --
23 A Yes.
24 Q -- does that apply to other techs beside MRI and CT PET
25 scan?

1 A Yes.
2 Q Okay. So what other techs does it apply to?
3 A I wrote this manual, so I'm very familiar with it. And I
4 review it every year to update any updates with the codes of
5 regulation in California. So radiation safety manual, the
6 reason why it doesn't have a specific modality attached to it
7 is because it's a general manual that discusses or guides our
8 technologist or anyone who's reading it, even physicians, as to
9 safe practice in diagnostic radiology. Which some modalities
10 do have ionizing radiation. Some have magnetic radiation --
11 some sort of a radiation. Some have nuclear radiation. So
12 it's a very general manual that touches all of the different
13 areas of radiology -- diagnostic radiology. And also has a lot
14 of good references to California Codes of Regulation, Title 17
15 Rules and Regulations.
16 MS. HOFFMAN: Okay. Could I have five?
17 HEARING OFFICER SIMMONS: That's fine.
18 MS. HOFFMAN: Okay.
19 HEARING OFFICER SIMMONS: Off the record.
20 (Off the record at 4:19 p.m.)
21 HEARING OFFICER SIMMONS: All right. We're on the record.
22 MS. HOFFMAN: I don't have any further questions.
23 HEARING OFFICER SIMMONS: Okay.
24 MR. CARMODY: Nothing.
25 HEARING OFFICER SIMMONS: All right. Thank you, Doctor.

1 MS. HOFFMAN: You can go to New York now.
2 THE WITNESS: Thank you.
3 MR. CARMODY: Just leave that right there. Yep. You're a
4 free man.
5 Can I have just two minutes?
6 HEARING OFFICER SIMMONS: Sure.
7 MR. CARMODY: I won't need more than that.
8 HEARING OFFICER SIMMONS: Off the record.
9 (Off the record at 4:28 p.m.)
10 HEARING OFFICER SIMMONS: We're back on the record.
11 Does the Employer have any more witnesses they wish to
12 call?
13 MR. CARMODY: No.
14 HEARING OFFICER SIMMONS: Okay. Ms. Hoffman, do you have
15 any witnesses to call?
16 MS. HOFFMAN: No.
17 HEARING OFFICER SIMMONS: All right. To clarify, does the
18 Employer wish to present any evidence on the multimodality job
19 function?
20 MR. CARMODY: Not beyond what we've offered already, Mr.
21 Hearing Officer.
22 HEARING OFFICER SIMMONS: Okay. Do you have any more
23 evidence that you wish to present to this matter -- to this
24 issue regarding guard status?
25 MR. CARMODY: No, sir.

1 HEARING OFFICER SIMMONS: Okay. All right. Off the
2 record we discussed a joint stipulation regarding the facility
3 at Anaheim X-Ray West. Can the parties stipulate that any unit
4 the regional director finds appropriate at the facility of
5 Anaheim -- or Anaheim X-Ray West Imaging Center is appropriate
6 single unit for technical employees?
7 MR. CARMODY: Yes.
8 HEARING OFFICER SIMMONS: Ms. Hoffman?
9 MS. HOFFMAN: Yes.
10 HEARING OFFICER SIMMONS: Thank you. All right. Can the
11 parties briefly restate their position regarding the
12 outstanding issues? Which in this case is the appropriateness
13 of a multifacility unit and the guard status of the positions
14 outlined in the Employer's position statement.
15 Ms. Hoffman?
16 MS. HOFFMAN: The Union continues to believe that it's a
17 multifacility unit of technical and the professional unit. And
18 that the classifications that the Employer's position are
19 guards, are not guards. That they're technical employees under
20 the Act.
21 HEARING OFFICER SIMMONS: Okay. Mr. Carmody?
22 MR. CARMODY: And our position, Mr. Hearing Officer, is
23 unchanged on these issues we've been litigating for the past
24 two days. Meaning, we maintain that on the question of unit
25 scope. The Union had the burden of proof. There is no

1 presumption of appropriateness when it comes to a multifacility
2 petition for a unit, which is the case here. The Union, as
3 we'll detail in later submissions to the Region, did not in our
4 judgment meet that burden of proof. It is our position that
5 should elections take place in this matter, they should take
6 place on a site by site basis. And in terms of the guard
7 assertion, we maintain that assertion. And it connects with
8 two job classifications, MRI technologist -- and within that
9 classification, I intend to include and do include lead MRI
10 technologists. The other is nuclear medicine technologists,
11 nuclear med PET CT technologists. And then finally, Mr.
12 Hearing Officer, because the two individuals referenced in our
13 statement of position -- and they are Brittany Fernandez
14 (phonetic) and Angel Orness (phonetic), are multimodality
15 technicians who among their modalities practice in MRI. For
16 the same reasons that we assert MRI technologists generally are
17 guards, those two employees are guards.
18 HEARING OFFICER SIMMONS: Okay. In light of testimony
19 received, does either party wish to make any changes in your
20 respective positions on the issues?
21 Ms. Hoffman?
22 MS. HOFFMAN: No.
23 HEARING OFFICER SIMMONS: Mr. Carmody?
24 MR. CARMODY: No, sir.
25 HEARING OFFICER SIMMONS: Okay. Mr. Carmody, for the

1 Employer, please state for the record the total number of
2 employees in the petition for a unit.
3 MR. CARMODY: In the petition for a unit?
4 HEARING OFFICER SIMMONS: Correct. What Mrs. Hoffman's
5 client is seeking.
6 MR. CARMODY: I don't have that number handy at the
7 moment. But I can tell you -- perhaps Ms. Hoffman has a
8 figure. What I can tell you is that within the petition for a
9 unit there are 31 individuals we see as being excluded on the
10 basis of their guard status under Section 9(b)(3) of the Act.
11 HEARING OFFICER SIMMONS: Okay. So whatever the petition
12 is for minus 31 positions, correct?
13 MR. CARMODY: That -- yeah.
14 HEARING OFFICER SIMMONS: Well, that's for your -- what
15 you assert is the appropriate for the purposes of collective
16 bargaining?
17 MR. CARMODY: Well, our assertion is that the petition for
18 a unit is not appropriate for purposes of collective bargaining
19 because it includes guards. And this petitioner admits to
20 membership nonguards.
21 HEARING OFFICER SIMMONS: Okay.
22 Ms. Hoffman, for the Petitioner, what is the number of
23 employees in the unit the Petitioner claims is the appropriate
24 unit?
25 MS. HOFFMAN: There's 119. The list that the Employer

1 submitted is 132. But of course we had agreed to the Davis --
2 we'll agree to the Davison-Paxon formula.
3 HEARING OFFICER SIMMONS: Ms. Hoffman, does the Petitioner
4 wish to proceed to an election in any alternative unit if the
5 unit sought is found to be inappropriate?
6 MS. HOFFMAN: We'll make that decision at that time.
7 HEARING OFFICER SIMMONS: Okay. Does the Employer have
8 any additional witnesses or evidence that it wishes to present?
9 MR. CARMODY: No, we don't. And we would object to the
10 Union's decision to defer. We believe the Union is obligated
11 to advise now during the course of this hearing as to whether
12 aside from the petition for a unit, there's any other units for
13 which they would want to appear on a ballot in an election.
14 HEARING OFFICER SIMMONS: All right. Off the record.
15 (Off the record at 4:56 p.m.)
16 HEARING OFFICER SIMMONS: On the record.
17 All right. Ms. Hoffman, does the Petitioner wish to
18 proceed to an election if the alternative unit that's sought is
19 found to be inappropriate?
20 MS. HOFFMAN: Yes.
21 HEARING OFFICER SIMMONS: Okay. Does the Employer have
22 any additional --
23 MR. CARMODY: I'm sorry, Mr. Hearing Officer. But the
24 Union also needs to specify what that unit is.
25 HEARING OFFICER SIMMONS: They do not. They just need to

1 say if an alternative unit is the unit sought -- if the unit
2 sought is found to be inappropriate. So if we do not find what
3 the Petitioner has petitioned for, if there's anything else
4 that we find appropriate, is she willing to proceed on that.
5 So --
6 MR. CARMODY: I respectfully disagree. But I understand
7 your ruling.
8 HEARING OFFICER SIMMONS: Okay. This is straight out of
9 the hearing manual. Does the Employer have any additional
10 witnesses or evidence that it wishes to present?
11 MR. CARMODY: No, sir.
12 HEARING OFFICER SIMMONS: Correction -- did I say the
13 Employer or the Petitioner.
14 MR. CARMODY: You've asked me that twice, but it's okay.
15 HEARING OFFICER SIMMONS: I didn't want to double back.
16 Does the Petitioner have any additional witnesses or
17 evidence that it wishes to present, Ms. Hoffman?
18 MS. HOFFMAN: No.
19 HEARING OFFICER SIMMONS: All stipulations not previously
20 received into the record are hereby received. There are no
21 exhibits that were offered into the record which were not
22 received.
23 Now I would like explore election details in the event an
24 election is directed. If an election is directed, does any
25 party who is entitled to receive the voter list wish to waive

1 the ten days or any portion of the ten day requirement?
2 Ms. Hoffman?
3 MS. HOFFMAN: No.
4 HEARING OFFICER SIMMONS: Okay. Has either party's
5 position changed concerning election details provided in his
6 petition, statement of position, or response?
7 Ms. Hoffman?
8 MS. HOFFMAN: No.
9 HEARING OFFICER SIMMONS: Mr. Carmody?
10 MR. CARMODY: There is a correction that I need to address
11 with regard to -- one moment here. So Breastlink Orange, which
12 is number three, we had proposed an election time of 11:30 a.m.
13 until 1 p.m. There should also be a second polling time that
14 day, which would be 5 p.m. to 6:30 p.m.
15 HEARING OFFICER SIMMONS: All right. Since we have --
16 well, correction. If any of the election details changes based
17 on whether or not the Regional Director determines whether or
18 not a multifacility unit is appropriate or a single facility is
19 appropriate, please specify that your position has changed if
20 it has changed at all.
21 MR. CARMODY: Okay.
22 HEARING OFFICER SIMMONS: For example, if the Regional
23 Director finds that a single unit is appropriate and one party
24 sought a mail ballot from multifacility and that it would
25 change to a manual election, then specify. But if it's

1 consistent throughout whether or not the Regional Director
2 finds multi or single, then --
3 MR. CARMODY: Oh okay. Well, I --
4 HEARING OFFICER SIMMONS: Plead in the alternative I guess
5 is what --
6 MR. CARMODY: Yeah. That's a little bit -- okay. So just
7 so I'm clear, so in our statement of position, the election
8 details contemplated a site by site election. And you're
9 saying, if I understood you correctly, Mr. Hearing Officer,
10 that should the Regional Director decide that the petition for
11 a unit is where or how the election's going to happen, in this
12 event we'll have an opportunity to specify election details?
13 HEARING OFFICER SIMMONS: Yes. I'm asking you to specify
14 right now.
15 MR. CARMODY: You're asking me to specify now?
16 HEARING OFFICER SIMMONS: Yes.
17 MR. CARMODY: Okay. That's what I -- that's what we
18 usually do.
19 HEARING OFFICER SIMMONS: But we --
20 MR. CARMODY: Okay. I was just confused.
21 HEARING OFFICER SIMMONS: Okay.
22 MR. CARMODY: So for that, I'll need just a few minutes to
23 be sure that I've got all the details straight.
24 HEARING OFFICER SIMMONS: Okay.
25 MR. CARMODY: So I'll move as quickly as I can.

1 HEARING OFFICER SIMMONS: All right.

2 MR. CARMODY: And I'll be ready.

3 HEARING OFFICER SIMMONS: All right. Off the record.

4 (Off the record at 5:06 p.m.)

5 HEARING OFFICER SIMMONS: -- concerning the date, time --

6 the date, type, times, and locations of the election and

7 eligibility period including the most payroll recent --

8 including the most recent payroll ending date and any

9 applicable eligibility formulas.

10 MR. CARMODY: Okay. The position of the Employer, just so

11 the record is clear, on a site by site election outcome

12 continues to be what's reflected in the statement of position

13 with the one correction I noted before on the record. What I'm

14 addressing now covers the contingency of an election being

15 directed in the petition for a unit. In that respect, we would

16 propose the following. An election at La Mirada Imaging on

17 October 3rd, polling time from 11:30 in the morning to 1:00 in

18 the afternoon. Next would be Breastlink Orange, suite 100

19 conference room there, October 4 --

20 HEARING OFFICER SIMMONS: Sorry to interrupt. Can you

21 refer to attachment A numbers for --

22 MR. CARMODY: Oh sure.

23 HEARING OFFICER SIMMONS: If you've got that. So location

24 number five was the first one?

25 MR. CARMODY: Okay. So -- okay. Okay. Attachment A.

1 HEARING OFFICER SIMMONS: All right.

2 MR. CARMODY: So I'll take it from the top. So number
3 five on attachment A, which is La Mirada Imaging, our proposal
4 there is October 3rd from 11:30 in the morning until 1:00 in
5 the afternoon. Next would be Breastlink Orange, which is
6 number three on attachment A. They are proposing an election
7 on yes, October 4th, suite 100 conference room, 11:30 in the
8 morning until 1:30 in the afternoon, 4:30 in the afternoon
9 until 6:30 at night. Next would be Garden Grove Advanced
10 Imaging, which is number nine on attachment A. There, October
11 10 would be the proposed day, 11:30 in the morning -- I'm
12 sorry, 7:30 in the morning until 9:00 in the morning, 4:30 in
13 the afternoon to 6:00 in the evening. Next would be Mission
14 Viejo, which is number 11. That would be on October 11th, 12
15 p.m. to 12 p.m. (sic) would be those election details.

16 HEARING OFFICER SIMMONS: What was that time?

17 MR. CARMODY: 12 p.m. to 2 p.m.

18 HEARING OFFICER SIMMONS: Okay.

19 MS. HOFFMAN: Which number was that?

20 HEARING OFFICER SIMMONS: Number 11.

21 MS. HOFFMAN: Okay.

22 MR. CARMODY: And then finally, West Coast Radiology
23 Irvine, which is number 13, October 18th would be the proposed
24 election day. And then polling periods at 11:30 in the morning
25 until 1:00 in the afternoon, 5:00 to 6:30 as well. So those

1 are the five sites that we would propose election occasions in
2 an election directing the petition for a unit along with the
3 days and the times.
4 We as you know, Mr. Hearing Officer, have asserted a need
5 for a manual election. In that regard, I'd like to note
6 briefly that mail ballot elections are used "only in unusual
7 circumstances" where employees are scattered because of their
8 work schedules. That comes from the R case outline, Section
9 22-110. Here, we'd like the Region to take account of the fact
10 that there is not great geographic distribution of these
11 employees. Neither is there a extremely large number of
12 centers involved. Many of these centers are located in the
13 same location, even different floors within the same building.
14 There are no 24/7 operations. So there is not, for example, a
15 need to accommodate the voting needs of folks who work the
16 graveyard shift. The election days that we've proposed have
17 high percentage of overall employees at work, low use of per
18 diem employees, low use of weekend only employees. These are
19 the reasons why we see a manual election as really the only
20 proper method of going about these elections. Thank you.
21 HEARING OFFICER SIMMONS: What do you mean by low use of
22 per diem and low use of --
23 MR. CARMODY: That there simply aren't that many. I know
24 for example, in the few cases where there have been mail ballot
25 elections -- very few cases, they have happened because there

1 were a very high number of employees who worked on call. And
2 so they simply weren't at the worksite all that often. They
3 were on call. And so these people -- these employees were --
4 it made sense to have a mail ballot in those situations. They
5 just weren't at the worksite very often.
6 HEARING OFFICER SIMMONS: So I'm still having trouble
7 understanding what low use per diem means or low use weekend
8 employees. So what does that mean? Like they're not working
9 that day, so they can come in and vote? Or --
10 MR. CARMODY: No. It means that the vast majority of the
11 people who are employed are not per diem employees. So you
12 don't have the kind of problem that I was describing before
13 with on call employees. Per diem employee is different titles
14 for essentially the same kind of employment relationship which
15 is sporadic. That's not the case with Radnet. There are some
16 per diems to be sure. But it's far more so the case that you
17 have folks who are regularly assigned to working fulltime for
18 the company and therefore at the worksites with regularity.
19 HEARING OFFICER SIMMONS: You said that there's a high
20 percentage of employee turnout. What are you using to backup
21 that assertion?
22 MR. CARMODY: The evidence that you wouldn't let us put in
23 the record. That's a representation that I can make to you and
24 to the agency. You know, I think the goal for both parties is
25 to get people out to vote. And these are the days when my

1 understand is, you're going to have the highest percentage of
2 the workforce actually at work.
3 HEARING OFFICER SIMMONS: Okay. So these are in the
4 middle of the week, I guess?
5 MR. CARMODY: Yes.
6 HEARING OFFICER SIMMONS: So not -- all right.
7 MS. HOFFMAN: Can I respond?
8 HEARING OFFICER SIMMONS: When it's your turn, Ms.
9 Hoffman.
10 MS. HOFFMAN: Okay.
11 HEARING OFFICER SIMMONS: Do you have an approximate
12 number of employee attendance on these weekdays?
13 MR. CARMODY: That I don't have. No, I don't have a -- I
14 can't express the point. I can't quantify it I think the way
15 that you have in mind.
16 HEARING OFFICER SIMMONS: Okay. With regards to
17 eligibility period and recent -- dates.
18 MR. CARMODY: That is something -- I apologize. I didn't
19 -- we're going to look that up here.
20 HEARING OFFICER SIMMONS: Okay.
21 MR. CARMODY: That I wouldn't think is -- it is what it is
22 kind of thing.
23 HEARING OFFICER SIMMONS: Yeah. And then the applicable
24 eligibility formulas, which I think you both stipulated to the
25 Paxton Terrace (phonetic) or whatever it is.

1 MR. CARMODY: Yeah. So it would be the payroll period
2 ending 9/28 for the election on 10/11. And then the payroll
3 period ending -- no, I'm sorry, this isn't right. Payroll
4 period ending 9/28 for every election date except for the one
5 on October 18th, which would be the payroll period ending
6 October 12th.
7 HEARING OFFICER SIMMONS: What is the pay system operated
8 -- is it biweekly?
9 MR. CARMODY: Biweekly.
10 HEARING OFFICER SIMMONS: Okay. Do you know the dates
11 that it starts and ends on?
12 MR. CARMODY: No.
13 HEARING OFFICER SIMMONS: Okay. But it's biweekly?
14 MR. CARMODY: Yes, sir.
15 HEARING OFFICER SIMMONS: Okay. All right. And then the
16 applicable eligibility formula?
17 MR. CARMODY: We maintain our position that it's Davison-
18 Paxon.
19 HEARING OFFICER SIMMONS: All right. Ms. Hoffman, what is
20 the Petitioner's position concerning the date, time -- date,
21 type, times, and locations of election and eligibility period,
22 including the most recent payroll ending date and any
23 applicable eligibility formulas proposed by other parties in
24 this case?
25 MS. HOFFMAN: Okay. First of all, we're okay with the

1 Davison-Paxon formula and we're okay with the eligibility date.
2 But as far -- the Union's first position is that it should be a
3 mail ballot because the workers are spread out and they float.
4 HEARING OFFICER SIMMONS: Can I stop you for a second?
5 Are you clarifying for both -- or for the multifacility, single
6 facility, or both?
7 MS. HOFFMAN: For both.
8 HEARING OFFICER SIMMONS: Okay.
9 MS. HOFFMAN: But if there is a manual ballot, first of
10 all, the Union objects to it being staggered over a more than
11 two week period. There would be no reason to have it staggered
12 like that. If there's only five locations, they could be done
13 over a two day period. Also, the facilities that the Employer
14 picked --
15 HEARING OFFICER SIMMONS: I'm asking for your position
16 right now.
17 MS. HOFFMAN: Okay.
18 HEARING OFFICER SIMMONS: So mail ballots for both. And
19 do you want to go on the alternative if we do find for a
20 manual?
21 MS. HOFFMAN: Yes. I'm in the alternative right now.
22 HEARING OFFICER SIMMONS: Okay.
23 MS. HOFFMAN: So my -- in the alternative, if there is a
24 manual ballot, it's the Union's position that it should not be
25 staggered over a 15 day period. That it could be staggered

1 over a two day period. And that the locations that the
2 Employer selected, two of them, Mission Viejo and La Mirada are
3 the smallest facilities. And that it left out Santa Ana, that
4 has one of the biggest locations.
5 Also, but importantly it's the Union's position that it
6 should not be over a 15 day period. In fact, I don't know of
7 any elections that we've had in a single location that were
8 over a 15 day period ever.
9 HEARING OFFICER SIMMONS: So what dates are you proposing
10 for an election?
11 MS. HOFFMAN: Well, we would propose the earliest dates
12 from when the decision is rendered. So if you're saying
13 October 3rd, we would say that for the -- if it's a manual
14 ballot, it should be October 3rd through 5th. I'll have to
15 look at my calendar.
16 HEARING OFFICER SIMMONS: Well, I mean, for example, I
17 noticed that the Employer didn't pick weekends or Fridays or
18 Mondays. Which I'm guessing is because people tend to take
19 those days off. Are there any days in particular that you know
20 of that the employees will not be in high attendance to where
21 the Region could not obtain a high turnout?
22 MS. HOFFMAN: Well, I think if you could -- if you did it
23 staggered over a three day period, you could do the 3rd through
24 the 5th or the 10th through the 12th, depending on when the
25 decision is rendered.

1 HEARING OFFICER SIMMONS: All right. So earliest date.
2 Do you have any times for the proposed election?
3 MS. HOFFMAN: We're okay with the times at the locations
4 that they selected. But again, we think that Santa Ana should
5 be one of the locations.
6 HEARING OFFICER SIMMONS: Okay. So six locations for --
7 or the Employer's five and compressed down into a three day
8 period -- or a two to three day period?
9 MS. HOFFMAN: Yes.
10 HEARING OFFICER SIMMONS: Well, since the Employer didn't
11 provide a time for an election at Santa Ana, what date would
12 you propose?
13 MR. CARMODY: What polling times?
14 HEARING OFFICER SIMMONS: Yes. Because she's proposing
15 Santa Ana in addition to the locations that you proposed.
16 MR. CARMODY: I understand.
17 MS. HOFFMAN: The early shift and late shift. So --
18 HEARING OFFICER SIMMONS: Which are what?
19 MS. HOFFMAN: 11:30 to 1. And then 5 to 6.
20 HEARING OFFICER SIMMONS: Okay.
21 MR. CARMODY: Just one minute, please.
22 HEARING OFFICER SIMMONS: Off the record.
23 (Off the record at 5:52 p.m.)
24 HEARING OFFICER SIMMONS: All right. During our off
25 record talks, the parties met and conferred over jointly

1 stipulating to election details in the event the Region finds a
2 manual ballot appropriate for either a multifacility unit or a
3 single facility unit.
4 Mr. Carmody, can you please articulate to the Region the
5 joint stipulation between the parties?
6 MR. CARMODY: Okay. Well, just a brief correction. The
7 stipulation would only cover, as I understand it, an election
8 that is directed in the petition for unit, which would be
9 conducted on a manual basis.
10 HEARING OFFICER SIMMONS: Okay.
11 MR. CARMODY: And so for that situation, the parties'
12 stipulation would be as follows. On October 2nd, an election
13 at West Coast Radiology Irvine. And do you want me to
14 reference the numbers again?
15 HEARING OFFICER SIMMONS: Yes, please.
16 MR. CARMODY: Okay. So that's number 13 on attachment A.
17 HEARING OFFICER SIMMONS: Okay.
18 MR. CARMODY: This would take place at 11:30 in the
19 morning until 1:00 in the afternoon, 5 to 6:30. Next would be
20 October 3rd, La Mirada, which on attachment A is number 5,
21 11:30 to 1 -- 11:30 in the morning until 1:00 in the afternoon
22 would be the polling times. Next, Breastlink Orange is number
23 three on attachment A. This election would occur on October 4
24 from 11:30 in the morning until 1:30 in the afternoon, 4:30 to
25 6:30 in the evening. Next would be Santa Ana happening on

1 October 9th. Santa Ana is number -- West Coast Radiology Santa
2 Ana. So that's number 10 on attachment A. Happening from
3 11:30 in the morning until 1:30 in the afternoon. And then
4 again 4:30 to 6:30 in the evening. Next would be Garden Grove
5 Advanced Imaging, which on attachment A is number nine. That
6 would be 7:30 in the morning until 9 in the morning, 4:30 in
7 the afternoon until 6:00 in the evening. And finally --
8 HEARING OFFICER SIMMONS: What date was that?
9 MR. CARMODY: October 10th.
10 HEARING OFFICER SIMMONS: Okay.
11 MR. CARMODY: October 10th is Garden Grove Advanced
12 Imaging. And then finally, October 11th, Mission Viejo, which
13 is number 11 on attachment A. One polling time there; from
14 12:00 noon to 2:00 in the afternoon. That's the stipulation
15 that would cover a manual election in the petition for a unit.
16 HEARING OFFICER SIMMONS: Does the Petitioner stipulate to
17 this?
18 MS. HOFFMAN: Yes.
19 HEARING OFFICER SIMMONS: Okay.
20 MS. HOFFMAN: And to be clear, that the employees would be
21 permitted to vote in any location.
22 HEARING OFFICER SIMMONS: Okay. So Mr. Carmody?
23 MR. CARMODY: So stipulated.
24 HEARING OFFICER SIMMONS: Okay. All right. And then what
25 is the best polling time and day of the week for the individual

1 sites?

2 MR. CARMODY: So should there be an election on a site by

3 site basis, we would defer to the Regional Director in terms of

4 the election happening on either any Tuesday, Wednesday, or

5 Thursday. And in terms of the polling times, we would maintain

6 those stated in our statement of position with the addition of

7 Anaheim X-Ray, which is number --

8 HEARING OFFICER SIMMONS: Fifteen.

9 MR. CARMODY: -- 15 on the list. That was not addressed

10 in our statement of position. So we would propose there a

11 polling time of 12:00 noon to 1:30 in the afternoon.

12 HEARING OFFICER SIMMONS: Okay. So does the Petitioner

13 stipulate?

14 MS. HOFFMAN: Yes.

15 HEARING OFFICER SIMMONS: All right. Are there any other

16 facts that the Regional Director should be aware of before

17 scheduling an election for the earliest practical date in this

18 case should one be directed? Like a holiday is coming up, like

19 Halloween or something like that. No?

20 MR. CARMODY: No.

21 HEARING OFFICER SIMMONS: Ms. Hoffman?

22 MS. HOFFMAN: No.

23 HEARING OFFICER SIMMONS: Okay. Does any party require

24 notices of election and ballots to be translated?

25 MS. HOFFMAN: No.

1 MR. CARMODY: I'm sorry, translation question?
2 HEARING OFFICER SIMMONS: Does party anticipate the need
3 for the notice of election and ballots to be translated?
4 MR. CARMODY: Yes, Mr. Hearing Officer. With respect to
5 the facilities at Garden Grove -- and going back to attachment
6 A, that would be number seven, number nine. Those two. It's
7 my understanding that there is a considerable percentage of the
8 technical workforce that has Vietnamese as their first language
9 and primary language. And although they have a functional
10 understanding of English, we do believe that for the sake of
11 voter education, the fullest freedom of exercising their
12 rights, consistent with Section 9 of the Act, it would be
13 important and necessary to have the notice of election and
14 ballots translated into Vietnamese.
15 HEARING OFFICER SIMMONS: Approximately how many ballots
16 at this location would require Vietnamese translations?
17 MR. CARMODY: One moment, Mr. Hearing Officer.
18 HEARING OFFICER SIMMONS: Okay. I would ask the same
19 question for the Garden Grove Advanced Imaging as well.
20 MR. CARMODY: I just need to fire up the laptop here, so
21 it will take just a second.
22 HEARING OFFICER SIMMONS: Off the record.
23 (Off the record at 6:33 p.m.)
24 HEARING OFFICER SIMMONS: All right. So with respect to
25 Breastlink Women's Imaging, Garden Grove, number seven on

1 attachment A, how many employees speak Vietnamese?
2 MR. CARMODY: Approximately two out of five.
3 HEARING OFFICER SIMMONS: Okay. And at Garden Grove
4 Advanced Imaging, number nine on attachment A, approximately
5 how many employees speak Vietnamese?
6 MR. CARMODY: Approximately 10 out of 19.
7 HEARING OFFICER SIMMONS: Okay. Do you communicate with
8 these employees in English when in writing?
9 MR. CARMODY: I believe the answer to that question is
10 yes.
11 HEARING OFFICER SIMMONS: Okay. Why do you believe that
12 Vietnamese is required?
13 MR. CARMODY: Because English is not their primary
14 language. My understanding is that Vietnamese is what they
15 speak at home. It's the language that they're most comfortable
16 speaking in. And particularly giving something that is
17 somewhat complex and new to employees, like voting in an NLRB
18 election, I think it's especially important to have their most
19 comfortable form of language be the language that is being
20 communicated with to these employees.
21 HEARING OFFICER SIMMONS: Okay. Mr. Carmody, what is the
22 name, address, email address, facile number, and telephone
23 number of the Employer's onsite representative to whom the
24 Regional Director should transmit the notice of election in an
25 election if directed?

1 MR. CARMODY: That's me.

2 HEARING OFFICER SIMMONS: You're going to be the onsite

3 representative?

4 MR. CARMODY: Yes.

5 HEARING OFFICER SIMMONS: Okay. And that's -- your notice

6 of appearance that you filed with this region contains that

7 information?

8 MR. CARMODY: Yes it does, sir.

9 HEARING OFFICER SIMMONS: Okay. All right. Off the

10 record.

11 (Off the record at 6:37 p.m.)

12 HEARING OFFICER SIMMONS: All right. The Regional

13 Director has concluded that briefs may be filed. The Regional

14 Director has determined that briefs will be due by 11:59 p.m.

15 on September 10th. The briefs may be filed by e-file on the

16 Board's website, by mail, or hand delivered, but may not be

17 filed by fax. All right.

18 MS. HOFFMAN: Hopefully it'll be working.

19 HEARING OFFICER SIMMONS: Yeah. All right. That

20 concludes this hearing. Anything else?

21 MR. CARMODY: No. Thank you, sir.

22 HEARING OFFICER SIMMONS: All right. With nothing

23 further, then the hearing will be closed. Off the record.

24 **(Whereupon, the hearing in the above-entitled matter was closed**

25 **at 6:38 p.m.)**

1 **C E R T I F I C A T I O N**

2 This is to certify that the attached proceedings before the
3 National Labor Relations Board (NLRB), Region 21, Case Number
4 21-RC-226166, Radnet Management, Inc. and National Union of
5 Healthcare Workers, at the National Labor Relations Board,
6 Region 21, 888 South Figueroa Street, 9th Floor, Los Angeles,
7 California 90017, on Tuesday, September 4, 2018, at 9:24 a.m.
8 was held according to the record, and that this is the
9 original, complete, and true and accurate transcript that has
10 been compared to the reporting or recording, accomplished at
11 the hearing, that the exhibit files have been checked for
12 completeness and no exhibits received in evidence or in the
13 rejected exhibit files are missing.
14
15
16 _____
CLAUDINE METOYER
17
Official Reporter
18
19
20
21
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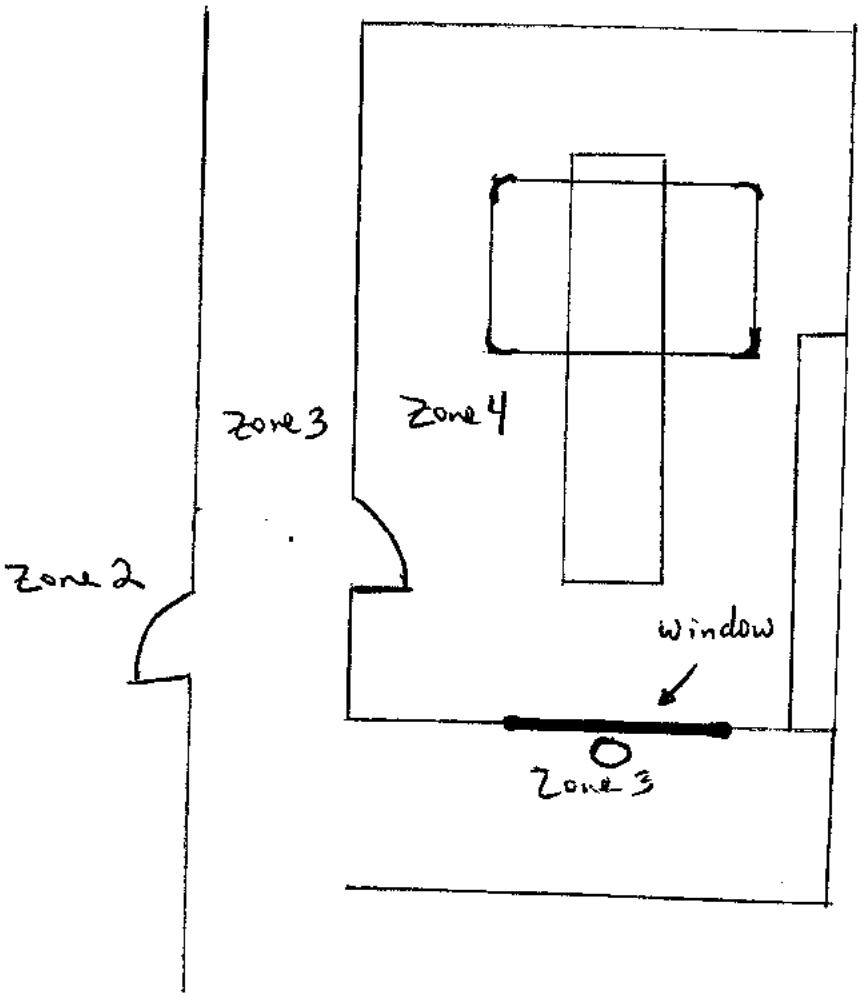
24
25

Orange Adv.

MRI Suite.




EN 3

EXHIBIT NO. E 3 RECEIVED ✓ REJECTED

CASE NO. 21-RC-226166 CASE NAME: Radnet Mgmt + National Union of Healthcare workers

NO. OF PAGES: 2 DATE: 1-4-19 REPORTER: C Metoyer

RadNet

Compliance | QA Department

# MRI DEPARTMENT MANUAL

The Effective Date of this document reflects the date the manual was last revised.

Any prior versions that were printed or archived should be discarded.

Always refer to the online manual in the Applications Document Library for the most up-to-date version.

EMPLOYER

EXHIBIT NO. 4 RECEIVED ✓ REJECTED _____

21-RC-226166 Radnet Mgmt

CASE NO. _____ CASE NAME: National Union of Healthcare Workers

NO. OF PAGES: 185 DATE: 9-4-18 REPORTER: Metayer

## REVIEW AND APPROVAL OF THE MRI DEPARTMENT MANUAL

RadNet Management, Inc. requires the Operations Department to establish, support and maintain a program to comply with pertinent laws and regulations regarding Magnetic Resonance Imaging procedures.

By signing below, RadNet's Chief Medical Director and Senior Vice President of Compliance & Regulatory Affairs authorize and approve this version of the MRI Department Manual.

Reviewed and Approved:

March 1, 2018
Date

John V. Crues III, M.D.
Chief Medical Director

March 1, 2018

Laura Foster, MPH, J.D.
Senior Vice President, Compliance & Regulatory Affairs

## CONFIDENTIALITY OF RADNET MANUALS

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## UPON RECEIPT OF THIS MANUAL

- Review this newly revised manual and become familiar with the Company's MRI guidelines and procedures.
- All MRI technologists need to become familiar with the updated MRI Manual. Managers are to review this manual with all MRI Technologists and deliver the message that employees are expected to follow the guidelines and procedures therein.

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## INTENTION OF USE

This manual contains MRI guidelines and procedures as well as step-by-step instructions for the various functions related to MRI as it applies to diagnostic imaging. It is intended that this manual be used for the training of new employees and existing staff who work in the MRI Department. The guidelines set forth in this manual apply to all MRI examinations performed in all settings.

While we make every effort to keep our procedures up to date with the latest technical guidelines, it is recommended that technologists and radiologists continue to refer to the American College of Radiology website, www.acr.org, for the most current recommendations.

The ultimate judgment regarding the propriety of any specific procedure or course of action must be made by the physician in light of all the circumstances presented for a specific patient. Thus, an approach that differs from the guidelines established in this manual does not necessarily imply that the approach was below the standard of care.

To the contrary, a conscientious practitioner may responsibly adopt a course of action different from that set forth in the guidelines when, in the reasonable judgment of the practitioner, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology subsequent to publication of the manual.

However, a practitioner who employs an approach substantially different from the guidelines set forth in this manual is advised to document sufficient information to explain the approach taken in the patient record.

## GENERAL INFORMATION

### Company Overview

RadNet Management, Inc. (hereto after referred to as "the Company") is a leading outsource provider of medical services to hospitals, physician's offices and other healthcare facilities. The Company provides radiology and cardiology diagnostic services and equipment, as well as departmental management services to healthcare facilities on an in-house and shared basis.

### Mission Statement

The primary purpose of the Company is to provide the best possible diagnostic services to its patient population and provide a safe and positive working environment for its employees.

### Objectives of the Imaging Facility

To promote better patient care, by assisting the physician in the diagnosis of disease through accurate and prompt diagnostic procedures.

To comply with requirements and recommendations of the American College of Radiology (ACR), Joint Commission, American Registry of Radiologic Technologists (ARRT), American Registry of MRI Technologists (ARMRIT), and the regulations specified by the various State Radiologic Technologist Certification Boards where RadNet centers are located.

To encourage imaging personnel to become more aware of quality control and cost containment in an effort to provide the best diagnostic examinations in a manner that is economical both for the facility and the patient.

To keep imaging personnel up to date on new procedures by conducting on-site continuing education.

To cooperate with in-service education programs that meet the needs of the facility, and provides opportunity to attend outside seminars for C.M.E. requirements.

To encourage personnel to become active in their professional society on local, state and national levels.

To provide each new employee with a job specific orientation, and make them aware of how their job responsibilities fit into the overall goals of the organization.

To promote preventative maintenance on all equipment by all employees.

To have awareness and the use of safety precautions to prevent hazards.

To provide good patient care, and to contribute to good overall facility operation.

To help insure that ordered examinations are appropriate for patient diagnosis through proper chart utilization and history on requisitions.

To promote continued improvement of quality of patient care.

**Statement of Accountability and Responsibility**

The ultimate responsibility for operation of the Company's imaging facilities, including standards of care, rests with the Company's Compliance Board, The Compliance Board assumes complete authority over and responsibility for the conduct of the imaging facility services. It is responsible to the communities serviced by the facilities.

The Company's Regional Managers act as agents of the Compliance Board and are responsible for the day-to-day management of the imaging facilities. The staff at each imaging facility is responsible for the provision of timely and high quality services as ordered by the referring physicians. The staff is also responsible and accountable to the Compliance Board for the quality of the services and for ensuring that the services comply with the Company's MRI policies and procedures.

Technologists are responsible to meet the guidelines set forth by the American Registry of MRI Technologists (ARMRIT), or the American Registry of Radiologic Technologists (ARRT). They are responsible for ensuring MRI safe practice guidelines are maintained for the site.

The Compliance Board periodically evaluates the quality of patient care services at the imaging facilities through audits and observations.

**Scope of Services**

The imaging facilities perform services under the direct supervision of a Radiologist, certified by the American Board of Radiologists and having a current license from his or her State to practice medicine. A licensed, qualified technologist performs all examinations.

Our goal is to perform all examinations as professionally and rapidly as possible, while complying with Company policies and ethics in our profession. We help the patients to be relaxed by explaining the nature of the exam to them before it is done. Images are read and transcribed, signed and delivered as soon as possible, usually within 2 business days.

A qualified medical professional, such as an M.D., D.O., D.C., D.P.M., must order all examinations, within the scope of their specialty. All films are interpreted by a board certified-/ board eligible Radiologist, transcribed, approved and then signed by the Radiologist. A copy will be sent upon request to a consulting doctor or surgeon with a signed release by the patient.

According to our guideline, films/images are kept for seven years. All films/images of minors are kept until the patient reaches the age of eighteen.

**MRI Safety Program Overview**

The potential risks of the MRI environment apply not only to the patient, but also to accompanying family members, attending health care professionals and others who find themselves occasionally within the magnetic field. To address these issues, each imaging center will follow the Company's Safety Program and include additional MRI policies as deemed appropriate to each site's unique situation.

Any and all adverse events, MRI safety incidents, or "near incidents" that occur in the center are reported in a timely fashion. In compliance with the Safe Medical Devices Act of 1990, the RadNet corporate office must report all deaths, serious illness, or injuries that are sustained by a patient and are caused or suspected to be caused by a medical device to either the Food and Drug Administration (FDA) or the manufacturer.

**Employee Training**

Physicians who supervise and interpret MRI examinations must be licensed medical practitioners who have a thorough understanding of the indication for MRI, as well as familiarity with the basic physical principles and limitations of the technology of MRI imaging. Physicians are required to meet all continuing education requirements and submit proof of CEUs.

Technologists performing MRI examinations undergo source verification evaluation to ensure they are appropriately certified and licensed with documented training and experience in operating MRI equipment.

- New MRI technologists must be oriented to the imaging center's guidelines and protocols. Radnet provides a checklist of skill sets recommended for new hire technologist training. Directors of Operations and MRI Modality Specialists can and should include additional regional and/or site-specific skills as needed.
- Continuing medical education requirements must be met by all MRI technologists. Copies of certificates showing courses taken and credit hours awarded are collected and archived as proof of training.
- MRI technologist training is conducted at the time of hire and annually thereafter to ensure MRI staff are aware of the precautions to be taken in and around the magnetic field and measures to be taken to minimize the risk of an adverse event.

Non-MRI personnel working in the center also receive training at the time of hire and annually thereafter as part of their Annual Safety Training regarding the safety issues of MRI and precautions to be taken when working near or in the magnetic field.

Housekeeping vendors contracted to clean Radnet imaging centers with MRI scanners are provided detailed information regarding the safety issues surrounding the strong magnetic field. Per the Housekeeping and Infection Control protocols in this manual, MRI staff perform most of the cleaning in the system room and vendor housekeepers are only permitted entry into the room after careful screening and instruction regarding allowed equipment and personal safety.

## REFERRING PHYSICIAN ORDERS

### Purpose

Define who may order radiologic procedures and establish guidelines to be followed when requesting radiologic examinations on patients.

### Procedure

- An "order" is a communication from the treating physician/practitioner requesting that a diagnostic test be performed for a patient. An order may be delivered via the following forms of communication:
  - A written document signed by the treating physician/practitioner that is hand-delivered, mailed, or faxed to the testing facility.
  - A telephone call by the treating physician/practitioner or his/her office to the testing facility.
  - An electronic mail by the treating physician/practitioner or his/her office to the testing facility.
- If the order is communicated via telephone, both the treating physician/practitioner or his/her office and the testing facility must document the telephone call in their respective copies of the beneficiary's medical records.

### Section I – Ordering Privileges

1. Any physician or licensed practitioner, as defined under the scope of practice state licensure (physician, physician assistant, dentist, podiatrist, and nurse practitioner) regulations, may order radiographic procedures. This includes physician assistants, certified nurse practitioners, and certified nurse midwife.
2. A radiologist performing a therapeutic interventional procedure is considered a treating physician. A radiologist performing a diagnostic interventional or diagnostic procedure is not considered a treating physician.
3. Mammography Exception: A physician who meets the qualification requirements for an interpreting physician under section 354 of the Public Health Service Act as provided in Section 410.34(a)(7) may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary. A separate order from the treating physician is not required for a diagnostic mammogram when performed based on the findings of a screening mammogram, whether performed on the same day or a different day from the screening mammogram. (ACR Director of Government Relations & Economic Policy September 2009)
   a. When the patient arrives with an order requesting a "mammogram" that is not specific for screening or diagnostic and you are unable to reach the referring physician to clarify whether they want a screening or diagnostic mammogram--perform the procedure as a screening mammogram.
4. Orders are not accepted from the following:
   a. <u>Chiropractors</u> - Government payers do not allow referrals from Chiropractors. If private payers allow referrals from Chiropractors this would be carrier and policy specific
      i. CMS Guideline - Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Service, 30.5 - Chiropractor's
         - Coverage extends only to treatment by means of manual manipulation of the spine to correct a subluxation provided such treatment is legal in the State where performed.
         - All other services furnished or ordered by chiropractors are not covered.

- If a chiropractor orders, takes, or interprets an x-ray or other diagnostic procedure to demonstrate a subluxation of the spine, the x-ray can be used for documentation. However, there is no coverage or payment for these services or for any other diagnostic or therapeutic service ordered or furnished by the chiropractor.

ii. Chiropractors are only able to order or refer for services within scope of practice (i.e. to another chiropractor for manipulations).

iii. Chiropractors cannot:
- Order or refer for CT, PET, or MRI scans
- Order or refer for durable medical equipment
- Order prescriptions
- Order laboratory services

iv. Medicare does not cover or reimburse for x-rays ordered or taken by a Chiropractor.
- X-rays must be ordered by a MD, DO, or NPP.

b. Acupuncturist

c. Self-Ordering Physician or Licensed Practitioner, which additionally includes: RadNet radiologists, employees and contractor affiliates.

5. Out of State orders can be accepted unless the referring physician cannot be verified.
   a. Must have a written order. (Verbal out of state order will not be accepted.)
6. Out of Country orders are not accepted. These patients must be seen by a physician in the United States.

**Section II – Complete Orders**

1. A complete order must have all of the following elements:
   a. Patient's name
   b. Date of order (Orders must be dated within the last 6 months)
   c. Exam ordered, including left or right where appropriate
   d. Clinical indications (symptoms / diagnosis information)
   e. Referring physician name
   f. Referring physician phone number
2. Additional items should be included on the order as appropriate:
   a. Date and time of surgery if procedure is preoperative
   b. Indicate "STAT" if requested by the ordering physician

**Section III – Electronic Orders**

Acceptable "Electronic" Signature Examples:

- Chart 'Accepted By' with provider's name
- 'Electronically signed by' with provider's name
- 'Verified by' with provider's name
- 'Reviewed by' with provider's name
- 'Released by' with provider's name
- 'Signed by' with provider's name
- 'Signed before import by' with provider's name
- 'Signed: John Smith, M.D.' with provider's name
- Digitized signature: Handwritten and scanned into the computer
- 'This is an electronically verified report by John Smith, M.D.'
- 'Authenticated by John Smith, M.D'
- 'Authorized by: John Smith, M.D'
- 'Digital Signature: John Smith, M.D'

- 'Confirmed by' with provider's name
- 'Closed by' with provider's name
- 'Finalized by' with provider's name
- 'Electronically approved by' with provider's name
- 'Signature Derived from Controlled Access Password'

CMS guidelines mandate the presence of signatures for 'medical review' purposes. However, records pertaining to any procedures billed to Medicare are potentially subject to review by not only Medicare but other CMS contractors, such as NY Medicaid.

**Signature's Requirements**

Medicare requires that services provided/ordered be authenticated by the author. The signature for each entry must be legible and should include the practitioner's first and last name. For clarification purposes, we recommend you include your applicable credentials (e.g., P.A., D.O., or M.D.).

The purpose of a rendering/treating/ordering practitioner's signature in patients' medical records, operative reports, orders, test findings, etc., is to demonstrate that services submitted to Medicare have been accurately and fully documented, reviewed and authenticated. Furthermore, it confirms the provider has certified the medical necessity and reasonableness for the service(s) submitted to the Medicare program for payment consideration.

These are the exceptions to the above requirements:

**Exception 1:** Facsimiles of original written or electronic signatures are acceptable for the certifications of terminal illness for hospice.

**Exception 2:** There are some circumstances for which an order does not need to be signed. For example, orders for some clinical diagnostic tests are not required to be signed. The rules in 42 CFR 410 and Pub.100-02 chapter 15, §80.6.1 state that if the order for the clinical diagnostic test is unsigned, there must be medical documentation (e.g., a progress note) by the treating physician that he/she intended the clinical diagnostic test be performed. This documentation showing the intent that the test be performed must be authenticated by the author via a handwritten or electronic signature.

**Exception 3:** Other regulations and the CMS' instructions regarding conditions of payment related to signatures (such as timeliness standards for particular benefits) take precedence. For medical review purposes, if the relevant regulation, NCD, LCD and CMS manuals are silent on whether the signature needs to be legible or present and the signature is illegible/missing, the reviewer shall follow the guidelines listed below to discern the identity and credentials (e.g., MD, RN, etc.) of the signator. In cases where the relevant regulation, NCD, LCD and CMS manuals have specific signature requirements, those signature requirements take precedence.

**Exception 4:** CMS would permit use of a rubber stamp for signature in accordance with the Rehabilitation Act of 1973 in the case of an author with a physical disability that can provide proof to a CMS contractor of his/her inability to sign their signature due to their disability. By affixing the rubber stamp, the provider is certifying that they have reviewed the document.

**Acceptable Signatures**

Acceptable methods of signing records/test orders and findings include:

- Handwritten – See FYI below.
- Electronic:

a. Electronic signatures usually contain date and timestamps and include printed statements (e.g., 'electronically signed by' or 'verified/reviewed by') followed by the practitioner's name and preferably a professional designation. Note that the responsibility and authorship related to the signature should be clearly defined in the record.
b. Digital signatures are an electronic method of a written signature that is typically generated by special encrypted software that allows for sole usage.

**Note:** Be aware that electronic and digital signatures are not the same as 'auto-authentication' or 'auto-signature' systems, some of which do not mandate or permit the provider to review an entry before signing. Indications that a document has been 'Signed but not read' are not acceptable.

**Signature Stamps**

Stamped signatures alone are not acceptable unless requirements are met under Exception 4 above.

**FYI: Acceptable Written Signatures**

- Legible full signature.
- Legible first initial and last name.
- Illegible signature over a typed or printed name.
- Illegible signature where the letterhead, addressograph or other information on the page indicates the identity of the signator. Example: An illegible signature appears on a prescription. The letterhead of the prescription lists three physicians' names and one of the names is circled.
- Illegible signature not over a typed/printed name and not on letterhead, but the submitted documentation is accompanied by: 1) a signature log, or 2) an attestation statement.
- Initials over a typed or printed name.
- Initials not over a typed/printed name but accompanied by: 1) a signature log, or 2) an attestation statement.
- Unsigned handwritten note where other entries on the same page in the same handwriting are signed.

**Unacceptable Signatures**

- Signature 'stamps' alone in medical records are not recognized as valid authentication for Medicare signature purposes and may result in payment denials by Medicare.
- Reports or any records that are dictated and/or transcribed, but do not include valid signatures 'finalizing and approving' the documents are not acceptable for reimbursement purposes. Corresponding claims for these services will be denied.
- Illegible signature not over a typed/printed name and not on letterhead and the documentation is unaccompanied by: 1) a signature log or 2) an attestation statement.
- Initials not over a typed/printed name unaccompanied by: 1) a signature log or 2) an attestation statement.
- Unsigned typed note with provider's typed name.
- Unsigned typed note without provider's typed/printed name.
- Unsigned handwritten note, the only entry on the page.

**Unacceptable Signature Examples**

- 'Signing physician' when provider's name is typed
  Example: Signing physician: _____
  John Smith, M.D.
- 'Confirmed by' when a provider's name is typed
  Example: Confirmed by: _____
  John Smith, M.D.
- 'Signed by' followed by provider's name typed and the signing line above, but done as part as the transcription.
- 'This document has been electronically signed in the surgery department' with no provider name.
- 'Dictated by' when provider's name is typed
  Example: Dictated by: _____
  John Smith, M.D.
- 'Signature On File'
- 'Filled By'
- 'Electronically signed by agent of provider'

**Bottom Line:** If the signature requirements are not met, CMS will contact the person or organization that submitted the claim(s) and ask him/her to submit an attestation statement or signature log.

**Section IV – Independent Diagnostic Testing Facility Orders**

1. All orders must be in writing and include the following:
   a. Patient's name
   b. Date of order (orders must be dated within the last 6 months)
   c. Exam ordered, including left or right where appropriate
   d. Clinical indications (symptoms / diagnosis information)
   e. Referring physician name
   f. Referring physician phone number

**Section V – Requesting Radiologic Procedures**

1. Orders can be submitted on a RadNet pre-printed referral pad form.
2. Orders can be submitted on a referring physician prescription pad form.
3. Orders can be submitted via email.
4. A "STAT" order may be requested via a telephone call to the facility in addition to generation of the requisition. Verbal information should include the patient's name, authorization (if needed) and requested exam.
5. Electronic medical record systems can produce orders in multiple ways:
   a. The order can be received through a fax server.
   b. The order can generate a piece of paper that is given to a patient.
   c. The order can be received through our website URL.
6. Verbal Orders must be documented and include the following information.
   A Verbal Order Form can be printed from the RIS or from the Document Library.
   a. The names, titles and other identifying information for both parties to the call.
   b. The authority of the person giving the verbal order.
   c. The date and time of the call.
   d. The specific order relayed.
   **NOTE:** Independent Diagnostic Testing Facilities (IDTFs) are required to obtain modifications in writing.

**Section VI – Authorization Form: Healthcare Provider Order**

An authorization from a healthcare medical group {physician network} or from the referring physician may be accepted as an order. Third party vendor authorizations such as National Imaging Associates (NIA) and American Imaging Management (AIM) are acceptable documents when the required elements are included.

The information on the authorization must include the following elements. Anything less is not acceptable.

1. Healthcare **Medical Group/Physician Network** name
2. Authorization number
3. Patient's name
4. Date of authorization/order (must be dated within the last 3-6 months)
5. Exam ordered, including left/right as appropriate (may include CPT, HCPCS codes)
6. Clinical indications (symptoms/diagnosis information) (may include ICD9 codes)
7. Referring Physician name (or designee)
8. Referring physician phone number (may include address, fax number, Provider ID)

**Section VII – Amended Orders**

1. All amendments and or changes to original orders require either a revised written order form scanned into the RIS and or documented revision (changes) in the RIS, including pre-authorizations.
2. All verbal modifications must be documented. The Amended Order Form can be printed from the applicable RIS or from the Regulatory Dashboard. This documentation must include the following:
    a. The names, titles and other identifying information for both parties to the call.
    b. The authority of the person giving the verbal modification.
    c. The date and time of the call.
    d. The specific modification relayed.

**NOTE:** Independent Diagnostic Testing Facilities (IDTFs) must obtain modifications in writing.

**Section VIII – Incomplete Orders**

1. Always read the order form to ensure the order is complete before starting the exam.
2. Any order lacking the required information listed in Section 1-Complete Orders Item 1 above shall be considered incomplete and an immediate attempt to complete the order must be made.
3. An ordered service may not be changed without consultation with the ordering physician.
    a. In the event the ordering physician or his/her authorized designee cannot be reached, the service <u>may not</u> be performed if the exam is not specified on the order.

**Section IX - Procedure Performance**

1. All radiographic special procedures (Myelography, Arthrography, and Fluoroscopy) are performed by a physician (radiologist) and personal supervision of staff, assisting with these types of procedures.
2. Technical Services
    a. Routine radiographic studies are performed by a technologist, who is an employee of RadNet, under the direction and supervision of a radiologist.
    b. Fluoroscopy is performed only by a radiologist or a practitioner with specifically delineated privileges.

c. Other radiologic procedures may only be performed by a radiologist or locum tenens radiologist with temporary privileges.

3. Pain Management
   a. Fluoroscopic procedures: Physicians and surgeons whose privileges include the performance of procedures requiring use of fluoroscopic equipment and who have demonstrated competence in the use of such equipment in the presence of a radiologic technologist to insure proper radiation safety.

## MRI EXAM ORDERS

### Guideline

Referring physician orders must be verified by the technologist prior to starting a procedure. Any changes to the ordered exam must be authorized by a radiologist or the requesting physician. Conditional orders, as indicated on the order form, do not need to be re-verified.

### Procedure

1. If a contra-indication to a MRI procedure is discovered, the technologist may not proceed without informing the radiologist of the contraindication. The radiologist/technologist must telephone the referring physician to inform him/her of this.
    a. Centers must comply with protocols specific to the contraindication. (ie: pacemaker, implanted devices, patient refuses to remove a device, incomplete screening forms, etc.)
    b. For patients on dialysis, refer to the MRI Contrast Administration protocol of this manual.
2. The technologist should carefully check the referral. If it is not clear or is incomplete, confer with the radiologist before beginning the examination.

    Orders should be verified for the following:
    a. With & Without Contrast vs. Without Contrast, unless it was a conditional order
    b. 3D Reconstruction if indicated
    c. Body part to be scanned, including:
        i. Left vs. Right
        ii. Spine: Cervical vs. Thoracic vs. Lumbar
        iii. Extremity: Joint vs. Non-Joint
        iv. Breast: Mass vs. implant
        v. Chest: Soft Tissue vs. Cardiac
        vi. Abdomen: Liver vs. Pancreas vs. Renal vs. Adrenal vs. MRCP w/3D
        vii. Abdomen and Pelvis: Enterography vs. Urogram
        viii. Pelvis Soft Tissue: Cystogram
        ix. Prostate: With Spect
        x. Wrist: Standard vs. 3 Compartment
    d. Lab Values and Lab Date (BUN, Creatinine)
3. Upon the request for a study on a pregnant women, the referral must be presented to the Radiologist and he/she will determine whether the examination will be performed and confer with the referring physician.
4. The technologist should not change the request except upon approval by the radiologist or by authorization from the requesting physician.

## SIGNING OF CONSENTS

### Guideline

It is recommended to have all patients sign a consent form when an intravenous contrast agent may be used in conjunction with a procedure. This guideline is in place to inform patients of any additional risks. Contrast consent may be included as part of a general form, such as a history form or a registration form, or it may be documented on a separate and specific form.

### Procedure

These procedures include:

MRI (Magnetic Resonance Imaging)

It is also necessary to sign a consent form for MRI if any of the following conditions exist:

Pregnancy
Breast feeding patients
Patients with renal disease

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## BASIC GUIDELINES

### Purpose

To establish guidelines for proper behavior in the workplace.

### Procedure

### Personal Conversations

1. Personal conversations should not be carried on in the presence of patients.
2. Work related difficulties should not be discussed while in the presence of patients.
3. Results of any exam should not be discussed with patients; any personnel who does this could subject themselves to reprimands or dismissal.

### Answering Telephone (Etiquette)

1. Anyone answering the phone should properly identify himself or herself.
2. Before forwarding the call to the perspective party, have the callers identify themselves, or see if you might be able to answer the question for the caller.

### Technical Difficulties

1. If there is trouble with the equipment, or if the machine is not operating properly, notify the Chief Technologist or Facility Manager.
2. Service calls to outside firms will be authorized and ordered by the Facility Manager, Chief Technologist or other specified technologist acting supervisor on duty.

### Conduct

1. All personnel are expected to conduct themselves in a professional manner.
2. Acts of noise or whistling will not be permitted.
3. Consuming food and beverages in the corridors and in employee work stations will not be permitted.
4. All personnel are expected to be courteous, quiet, and professional at all times.

## PATIENT IDENTIFICATION

### Guideline

Patients will be properly identified in a manner that ensures exams are performed on the correct person.

### Procedure

1. Before transporting or scanning a hospital patient, the ID bracelet must be checked and compared with the request for examination.
2. Before calling a patient from the waiting room, the technologist must start the exam in RIS.
3. Technologist must call the patient from the waiting room by first and last name.
4. Technologist must ensure that the patient about to be scanned is the patient whose name is on the prescription. Therefore, the technologist must ask the patient for their date of birth. The technologist must verify information with the exam information in RIS and PACS.
5. Technologist must not enter patient information or start the patient's exam until the patient's information has been confirmed directly with the patient or the patient's guardian.
6. The primary technologist in RIS must be the technologist performing the scan. This may need to be changed if the technologist that logged onto the computer is not the technologist performing the scan. Patient history entered in RIS and PACS must be entered by the technologist performing the scan.
7. Once the patient information is confirmed, the technologist performing the scan must enter "PT ID" and their initials in technologist notes. PT ID means that the technologist is 100% certain that the patient scanned is the same patient as stated on the script, started/completed in RIS and started/completed on the scanner/imaging machine screen.
8. Technologist performs the scan.
9. Once all new images are entered into PACS and prior images and reports are present and all documents are scanned, the person confirming everything is complete must make a notation that the patient file is ready for review.

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## RIGHTS OF PATIENTS

### Guideline

Patients will be treated in a manner that acknowledges their basic human rights. These rights will be recognized without regard to race, color, national origin, age, religion, culture, disability, economic or educational background, sex, gender identity, sex stereotyping, pregnancy, or the source of payment for care.

### Procedure

1. Patients will be treated with respect, consideration and dignity.

2. Patient's personal values and beliefs will be respected.

3. Patients will be given the right to participate in decisions about their treatment. If the patient is unable to do so, this right will be exercised by the patient's designated representative.

4. Patients have the right to be informed of any research or educational projects affecting their care or treatment and the right to refuse participation in those projects.

5. Patients are assured confidential treatment of their records and are afforded the opportunity to approve or refuse the release of such information, except when release is required by law.

6. Patients will be provided with information concerning procedures to be performed.

7. Patients will be given the opportunity to refuse care.

8. Patients may request to be directed to another facility if they choose not to have the procedure done at this facility.

9. Patients will be given the opportunity to make complaints relating to their quality of care. The name of the Director of Operations, Vice President of Quality Assurance, and the corporate address and telephone number will be given upon request. All complaints will be documented for grievance procedures and external appeals as required by State and Federal laws and regulations.

10. Patients may examine and receive an explanation of their bill prior to payment.

11. Patients may request a copy of this document.

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## RESPONSIBILITIES OF PATIENTS

### Guideline

It is our guideline to protect the basic human rights of patients. In providing this care, it is also our right to expect reasonable and responsible behavior from our patients, their relatives and associates.

### Procedure

1. Patients have the responsibility to provide, to the best of their knowledge, accurate and complete information about their current health status, past illnesses, hospitalizations, medications and any other matters relating to their health.

2. Patients have the responsibility to report whether they clearly comprehend a contemplated course of action and what is expected of them.

3. Patients are responsible for following the treatment plan developed with their health care provider.

4. Patients should express their concerns regarding any inability to comply with a planned course of procedure or treatment.

5. Patients are responsible for keeping their appointments and notifying the facility if they are unable to do so.

6. Patients are responsible for following the facilities rules and regulations affecting patient care and conduct.

7. Patients are responsible for being considerate, for respecting the rights of other patients and personnel, and for assisting in the control of noise, their children and distractions.

8. Patients must respect the property of other persons and the facility.

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## CARE AND PROTECTION OF THE PATIENT

### Purpose

To establish guidelines for the care and protection of our patients.

### Procedure

1. Patients are to be examined as people, not cases. The staff must respect the modesty and comfort of the patient at all times.

2. Some positions, which are necessary for the patients to assume, are lacking in comfort. The technologist should explain the reasons for this discomfort and direct the patient in assuming the proper position. Elderly patients, children and deaf patients require additional explanation of orders. Imaging center staff must take all reasonable steps to grant the patient's need for accommodations and should confer with the patient how they prefer to be assisted. Auxiliary aids may be needed to ensure effective communication with patients with hearing, vision, or speech impairments. Examples of such aids include sign language interpreters, note takers, written materials, telephone handset amplifiers, assistive listening systems, open and closed captioning, telecommunications devices for deaf persons, videotext displays, Braille materials, large print materials, speech synthesizers, adjustable height tables, mechanical lift devices, lifting assistance, and allowing a personal assistant or aid to accompany the patient in the MRI system room.

3. Care will be taken to safeguard the personal belongings of the patient. The patient should be given the key to the clothes closets/lockers. Patients who take the key into the MRI system room are to be reminded that they have the key with them in the MRI system room during their procedure.

4. Check each study carefully for satisfactory technical quality. If image quality is in question, it is desirable that the case be reviewed by a radiologist before the patient leaves the facility.

5. Patients are to be protected from unnecessary physical exposure by use of gowns, sheets and closed curtains. Additional cover for warmth should be applied while the patient is waiting to be scanned.

6. Information regarding any patient's results must never be divulged to the patient or to the patient's family by anyone other than a physician. The technologist should refer all questions from patients or from parents about their child's study findings to the referring physician. When necessary, the technologist may involve the radiologist.

7. It is strongly recommended that a patient monitoring system be used at all times.

8. Technologists must consistently and constantly observe the patient at all times during the procedure.

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## PERSONS PERMITTED IN EXAM ROOMS

### PURPOSE

To define those persons who may be present in the same room during a patient exam.

### PROCEDURE

1. The technologist who is performing an exam for a patient is responsible for handling all aspects of the procedure.

2. The technologist shall direct that any person other than the patient, other employees involved in the procedure, and practitioners involved in the procedure be excluded from being in the same room, except when, in the judgment of the technologist or the radiologist, a person related to the patient should be present to assist in emotional support and/or the safe handling of the patient.

3. The technologist may request the assistance of such a related person, but such related person shall not be required to participate.

4. In the case of children as patients, parents should receive an explanation and caring treatment. Parents may be invited into the room to stand beside or near their child, so as not to interfere with the performance of the exam procedure.

5. All doors to the room shall be closed during an exam to protect the privacy of the patient.

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## FAMILY MEMBERS

### PURPOSE

To provide guidelines for establishing quality care for all patients and/or their families during an examination. Exams are not to be performed when the patient arrives with children.

### PROCEDURE

1. At the time of scheduling, the examination is explained to the patient by our office that childcare is not provided.

2. All childcare arrangements should be made prior to the scheduled appointment time.

3. Walk-in patients arriving with children will be informed that children are not to be left unattended. If the child will be left unattended, the patient will need to make a scheduled appointment at the discretion of the manager.

4. Children shall not be allowed to wait in dressing rooms, on the floors, or in hallways while the parent or guardian is having a procedure.

5. At the manager's discretion, children may be allowed to sit in the waiting or sub-waiting area without direct supervision at the parent's prerogative.

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## MINOR PATIENTS TREATMENT AND MEDICAL RECORD CONFIDENTIALITY (STATE LAW SPECIFIC)

### Purpose

To identify special circumstances surrounding minor patients and provide guidance for handling unaccompanied minors.

### Guideline

Parents and legal guardians are considered to be the "personal representatives" of their unemancipated minor children aged 0 through 17. In most circumstances, they have the right to make health care decisions for them.

As personal representatives, parents generally have access to their children's protected health information. In specific circumstances, however, parents may not be the personal representatives of their minor children.

Under the HIPAA Privacy Rule, adolescents who legally are adults (aged 18 or older) and emancipated minors under age 18 can exercise the same rights regarding medical care as adults and are entitled to the privacy of their medical records.

### Procedure

1. **Paperwork and Consent Forms:**
   Present all exam-related paperwork to the parent or legal guardian of minor patients aged 0 through 17.

2. **Third Party Authorization to Provide Care:**
   A minor's parent or legal guardian may sign a statement authorizing a third party to consent to a minor's medical care in their absence. If a RadNet center treats a minor with the third party's informed consent, the center should keep a copy of the parental authorization in the medical record.

3. **Unaccompanied Minors:**
   If an unaccompanied minor arrives for an appointment without a signed statement authorizing a third party to consent to the minor's medical care in the parent's/legal guardian's absence:
   a. Determine whether the unaccompanied minor is emancipated before contacting the minor's parent or legal guardian. Refer to the Federal Emancipation Guidelines (Table 1) and the State Emancipation Guidelines (Table 2) that list specific situations that may allow us to consider the minor patient to be emancipated.
   b. If the minor is not emancipated, contact the unaccompanied minor's parent or legal guardian to obtain permission to treat the minor patient. Note the conversation in the minor patient's medical record by documenting the following:
      i. The names for both parties to the call, including the employee's title
      ii. The authority of the person giving the verbal consent to treat the minor
      iii. The date and time of the call
      iv. The specific information relayed

4. **Access to a Minor's Medical Records:**
The Privacy Rule generally allows a parent/legal guardian to have access to the medical records of his or her child.

There are three (3) situations when the parent/legal guardian would not be the minor's personal representative under the Privacy Rule. These exceptions are:

a. When the minor is the one who consents to care and the consent of the parent is not required under State or other applicable law;

b. When the minor obtains care at the direction of a court or a person appointed by the court; and

c. When, and to the extent that, the parent agrees that the minor and the health care provider may have a confidential relationship.

However, even in these exceptional situations, the parent may have access to the medical records of the minor related to this treatment when State or other applicable law requires or permits such parental access. Parental access would be denied when State or other law prohibits such access.

If State or other applicable law is silent on a parent's right of access, the licensed health care provider may exercise his or her professional judgment to the extent allowed by law to grant or deny parental access to the minor's medical information.

Finally, a provider may choose not to treat a parent as a personal representative when the provider reasonably believes, in his or her professional judgment, that the child has been or may be subjected to domestic violence, abuse or neglect, or that treating the parent as the child's personal representative could endanger the child.

**Table 1: Federal Emancipation Guidelines**

| **An emancipated minor is one whose personal situation allows us to interact with the minor as though the minor was an adult.**<br><br>**A person under the age of 18 lacks the legal capacity to give consent for medical treatment except under the circumstances cited below:** |
|---|
| **Married Minor:** Any minor who is or was married (even if divorced) may consent to medical, surgical, psychiatric, or hospital care without parental consent or knowledge. Health professionals may require the minor to produce a marriage certificate. |
| **Minor Emancipated by Court Order:** A minor may petition the superior court of the county in which the individual resides for a declaration of emancipation. The minor must be at least 14 years of age, willingly live separate and apart from his or her parents or guardian (who have consented to this arrangement), and manages his or her own financial affairs. |
| **Self-Sufficient Minor:** A person 15 years of age or older living separate and apart from his or her parent(s) or legal guardian, with or without the parents' consent, and managing his or her own financial affairs, regardless of the source of income, is capable of giving consent for medical, surgical, dental, hospital, or psychiatric care without parental consent, knowledge, or financial liability. Physicians may wish to ask such minors to complete a form that provides information demonstrating that the minor falls within the statute. |

| |
|---|
| **Minor on Active Duty:** Regardless of age, any minor serving on active duty with any branch of United States armed services may consent to treatment without parental approval. |
| **Pregnant Minor:** Any minor, without respect to age or marital status can consent to care for the prevention or treatment of pregnancy, except that a minor cannot consent to sterilization. A pregnant minor also may consent to an abortion, provided she demonstrates the requisite understanding and maturity to give her informed consent to the procedure. The physician is charged with making this determination. |
| **Minor with an Infectious Disease:** A minor who is 12 years or older and may have come into contact with a contagious, infectious, or communicable disease, including sexually-transmitted diseases, may consent to care related to the diagnosis or treatment of the disease. |
| **Rape Victims and Victims of Sexual Assault:** A minor age 12 or older who alleges to have been raped may consent to care related to the diagnosis and treatment of the condition. A minor under the age of 18 who is alleged to have been sexually assaulted may consent to treatment for the condition. The health professional providing treatment to a minor victim of sexual assault must attempt to notify the minor's parent(s) and document the contact or unsuccessful effort to reach the parent(s). NOTE: The professional person may defer such contact with the parent if he or she reasonably believes the parent(s) or legal guardian of the minor committed the sexual assault, in which case the professional should document that contact was not attempted and why it was not. The professional should also document compliance with sexual abuse reporting laws when appropriate. |
| **Minor with Drug or Alcohol Related Problems:** A minor age 12 years or older may consent to medical care and counseling for drug or alcohol related problems. While the consent of the parent or guardian is not required, the parent or guardian must be afforded an opportunity to participate in the treatment or counseling, unless the treating professional considers this inappropriate. The refusal or objection to the minor's treatment by the parent or guardian so notified does not require the professional to discontinue the treatment. The treating health professional must document efforts to contact the parent or guardian or the reasons why it was inappropriate to make such contact.<br>**Effective January 1, 1997, a parent or legal guardian can seek medical care and counseling for a drug or alcohol related problem of a minor child without the minor's consent.** In such cases where a parent or guardian sought treatment for a minor, the physician will disclose medical information concerning the care to the minor's parents or legal guardian upon their request, even if the child does not consent to disclosure. |

**Table 2: State Emancipation Guidelines**

| State | Events | Other Conditions for Which a Minor Can Consent to Treatment |
|---|---|---|
| New York | • Marriage<br>• Minor is a parent | • Prenatal care<br>• Emergency situations<br>• Routine health services if in the custody of the Department of Corrections |
| New Jersey | • Marriage<br>• Active duty military service<br>• Court order of emancipation | • No age requirement, however, the minor can only consent to treatment if he or she is suffering from a disease or injury that, if left untreated, would threaten the minor's health or life |

| | | |
|---|---|---|
| Maryland | • Marriage<br>• Minor is a parent<br>• Emergency situations | • Md. Health-General Code Ann. § 20-102 Consent for specific treatment:<br><br>A minor has the same capacity as an adult to consent to:<br>(1) Treatment for or advice about drug abuse<br>(2) Treatment for or advice about alcoholism<br>(3) Treatment for or advice about venereal disease<br>(4) Treatment for or advice about pregnancy<br>(5) Treatment for or advice about contraception other than sterilization<br>(6) Physical examination and treatment of injuries from an alleged rape or sexual offense<br>(7) Physical examination to obtain evidence of an alleged rape or sexual offense<br>(8) Initial medical screening and physical examination on and after admission of the minor into a detention center |
| Delaware | • Marriage<br>• Court order of emancipation<br>• Medical emergency | • No age requirement, however, the minor can only consent to treatment if he/she is suffering from a disease or injury that, if left untreated, would threaten the minor's health or life |
| Florida | • Marriage<br>• Adjudicated as an adult and under the supervision of the Dept. of Corrections | • Treatment for sexually transmitted diseases<br>• Drug abuse or dependency<br>• Emergency medical care and treatment<br>• Services related to pregnancy |
| California | • Marriage<br>• Active Duty<br>• Court Order of emancipation<br>• 15 or older, living apart from parent/ guardian, and managing his/her own financial affairs (*see below*)<br><br>Cal Fam Code § 6922 Consent by minor 15 or older living separately:<br><br>(a) A minor may consent to the minor's medical care if <u>all</u> of the following conditions are satisfied: | • Prevention and treatment of pregnancy<br>• Diagnosis and treatment/collection of evidence regarding an alleged sexual assault<br>• (12 or older) Diagnosis and treatment/ collection of evidence regarding an alleged rape<br>• (12 or older) Diagnosis and treatment of infectious, contagious or communicable disease<br>• (12 or older) Diagnosis and treatment of a drug/alcohol related problem |

| | | |
|---|---|---|
| | (1) The minor is age 15 or older<br>(2) The minor is living separate and apart from the minor's parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration of the separate residence<br>(3) The minor is managing the minor's own financial affairs, regardless of the source of the minor's income<br><br>(b) A physician may, with or without the consent of the minor patient, advise the minor's parent or guardian of the treatment given or needed if the physician has reason to know, on the basis of the information given by the minor, the whereabouts of the parent or guardian | Note:<br>• The law requires that all patients be accompanied by parent or legal guardian to every appointment<br>• We can accept a written note with a parent or guardian's signature allowing a friend or family member to authorize care for a child<br>• Patients between the ages of 16-18 years may be seen unaccompanied by an adult with the parent's written permission (which must be received before the appointment) |

**NOTE:**

While most State statutes are either silent or discretionary, some explicitly require either confidentiality or parental notification in certain circumstances.

Maine, Massachusetts, and California are the only three states that categorically require confidentiality for minors. Specifically, California explicitly permits the minor to access his or her records, and it categorically prohibits parental access to the minor's health records where the minor is able to consent to treatment.

## ADVANCED DIRECTIVES, INFORMED DECISION MAKING AND ETHICAL ISSUES

### Guideline

It is the guideline of the Company to respect and honor a patient's advanced directives and decisions within the limits of the law and the organizations policies and procedures.

### Procedure

### Advanced Directives

Each patient has the right to provide the facility with any documents allowing a patient to give directions about future medical care or to designate another person to make medical decisions if he/she should lose decision making capability. Advanced directives which specify a "no code,' will be followed unless the patient's primary attending physician or patient's family is present during the code and wishes a "full code" to be performed.

### Informed Decision Making

Each patient will be given a clear, concise explanation of his/her condition and any proposed treatments procedures, side effects of treatments or procedures and probable clinical outcome.

This information will include the identity of those individuals responsible for performing the procedures or treatments.

### Ethical Issues

The patient or the patient's designated representative will be included and assisted in any discussions considering ethical issues. The attending facility physician will participate in the discussion and resolution of ethical issues regarding the patient's care.

## PATIENT WAITING TIME

### Guideline

It is the guideline of the Company that every effort will be made to scan patients at their scheduled time.

### Procedure

1. Patients are asked to come in 15 minutes early to complete the necessary paperwork.
2. The technologist will be notified that the patient has arrived.
3. In the event there is a delay of more than 15 minutes, the technologist or front office personnel shall notify the patient with an adequate explanation.
4. The patient will then be given the opportunity to reschedule the procedure.
5. The Quality Assurance program will include monitoring of patient waiting times.
    a. The designated person at each facility will monitor the amount of time each patient waits.
    b. This information will be included in the quarterly QA report and distributed to the management and Compliance Board by the QA Director.

## STUDENTS SCANNING PATIENTS

### Guideline

Diagnostic imaging personnel working with students will be responsible for directly supervising the student at all times during the performance of a patient procedure.

### Procedure

1. All students must sign the Radnet Ancillary Member Confidentiality Agreement prior to starting their clinical rotation. (Form can be located in the Document Library.) The signed Agreements are to be maintained in the facility manager's office.

2. Technologists must be aware of patient safety, comfort and surroundings at all times.

3. Students **may not** use the RIS under an employee's login user name and password. Students must be given their own temporary RIS user name and password if the center wishes to grant them access.

   - RIS documentation is to be completed **only** by qualified Radnet employees.
   - Students may look up patient information when supervised by the technologist and **only** under their own access user name and password, but should never enter patient information into the RIS.
   - Technologists must supervise the students at all times while students are using the RIS.
   - The facility manager is responsible for obtaining and terminating student RIS access.

4. Technologists working with students will be responsible for directly supervising the student at all times during the performance of a patient procedure.

   Technologists must oversee **all** aspects of the student's performance.

   a. Students must be supervised while taking a patient history and explaining the procedure to the patient.

   b. Students must be supervised while performing an exam procedure.

   c. Students must be supervised while releasing the patient at the completion of an exam procedure.

5. When necessary and appropriate, the technologist overseeing the student shall take appropriate action, whether by verbal instruction or by taking over the procedure, to ensure the safety and comfort of the patient and the integrity of the diagnostic information obtained.

6. Any technologist leaving a student unsupervised during the performance of an examination will be subject to disciplinary action.

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## STAND-BY WITNESS FOR SENSITIVE EXAMINATIONS

### Protocol

All technologists will be aware of patient safety, comfort and surroundings during all exams. Those exams that are sensitive in nature require a witness for a technologist with a patient of the opposite sex and/or a patient signature on the "consent for stand-by witness" form. All patients will be given consideration and respectful care with recognition of their person and dignity.

For exams where sensitive body parts, such as breasts or genitalia, must be exposed and/or touched during the exam, an employee of the opposite sex of the patient should have a witness in the room where the service is being rendered. The witness should be the same sex as the patient whenever possible. (Witnesses should be another employee, not a family member.)

These guidelines are based on the American College of Radiology guidelines and Radnet's position of providing quality care to each and every patient.

- All patients referred to this facility are given impartial treatment and accommodations that are available regardless of race, creed, sex, national origin or source of payment for care.
- All patients will be given considerate and respectful care with recognition of their person and dignity.
- The patient has the right to obtain complete and current information concerning his/her exam.
- The patient should not be subjected to any procedure without his/her voluntary, competent and understanding consent.
- The patient has the right to agree to a stand-by witness during the examination.
- Patients will be interviewed and examined in surroundings designed to assure visual and auditory privacy.
- Patients should not be disrobed any longer than is required to perform the examination for which the patient was disrobed. The patient should be covered with a sheet, blanket or gown when disrobed within limitation of the procedure so portions of the body are not exposed to others.
- Medical information of patients should be held in confidentiality and not discussed with others.
- Patients have the right to refuse any procedure or treatment.

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## PATIENT / EMPLOYEE CONFIDENTIALITY & PRIVACY

### Purpose

To ensure employees understand what information is considered confidential.

### Definition

Patient Medical Information is defined as: "Any individually identifiable information in possession of or derived from a provider of health care regarding a patient's medical history, mental or physical condition or treatment."

### Description

Confidential Patient Information includes the following:

1. Physical medical records including paper, diagnostic and therapeutic reports, laboratory and pathology samples.
2. Patient business records.
3. Mainframe and department-based computerized patient data.
4. Visual observation of patients receiving medical care or accessing services.
5. Verbal information provided by or about a patient.
6. Or other such information, the disclosure of which would constitute an unwarranted invasion of privacy.

Confidential Employee Information includes the following:

1. Home telephone number and address.
2. Spouse or other relative names.
3. Social security number or income tax withholding records.
4. Information related to evaluation of performance.
5. Or other such information obtained from RadNet records, which if disclosed would constitute an unwarranted invasion of privacy.

## HOUSEKEEPING AND INFECTION CONTROL

### Purpose

It is important to ensure the safety of personnel who perform housekeeping duties the MRI system room, as well as to ensure the protection of the magnet and MRI scanner.

### Screening Personnel Who Perform MRI Housekeeping

The Magnetic Resonance Imaging Department should be cleaned according to normal facility procedures, except for the MRI system room itself. Certain safety protocols must be to.

1. Throughout Radnet, it is customary for the MRI technologists to perform cleaning activities inside the MRI system room. No other persons shall enter the MRI system room to conduct housekeeping duties without the direct permission of the MRI technologist.

2. All persons who perform housekeeping duties in the MRI system room shall undergo formal MRI screening before being allowed entry into the room and the screening shall be documented. After carefully reviewing the screening form, an MRI technologist will question each person as to the presence of surgically implanted metallic devices and other possible contraindications.

3. These persons shall be required to remove any cell phones, jewelry, watches, hairpins, and all loose objects in their pockets before entering the room.

4. Persons who clean are to be trained about matters related to MRI safety prior to being allowed to work in the MRI environment. They must be made fully aware of the danger of taking any metallic, electronic, battery operated, or motorized equipment or objects into the MRI system room.

   They must understand that the magnet is on at all times and understand the dangers involved to themselves and the equipment if these safety guidelines are ignored. They should also be made aware of the expense of repairs should they accidentally cause damage to the MRI equipment.

### Housekeeping Duties for MRI Technologists and Tech Aides

MRI Technologists and Tech Aides are responsible for the following duties in the department.

<u>Daily Responsibilities in the MRI System Room</u>

- Wipe down all equipment (exam table, gantry, coils, cables, padding, positioning bolsters, power injector, etc.) with a hospital grade disinfectant wipe or spray – Follow the disinfectant manufacturer's guidelines regarding soak times before wiping dry
- Wipe down countertops with a damp rag to remove dust and dirt – Disinfect as needed with a hospital grade disinfectant wipe or spray - Follow the disinfectant manufacturer's guidelines regarding soak times before wiping dry
- Wipe any contrast or blood from the floor, walls, equipment, etc. as soon as spills/splashes/drips occur with a hospital grade disinfectant - Follow the disinfectant manufacturer's guidelines regarding soak times before wiping dry
- Close, remove and replace biohazardous waste containers when ¾ full

- Restock linens, medical supplies and personal protective equipment at the end of each shift
- Replace waterless hand cleanser as needed
- Disposable paper coverings (exam table paper, pillow covers, chucks, etc.) and patient gowns/tops/pants may be discarded into the household trash if they do not meet the OSHA definition of biohazardous waste - Contaminated disposable items that are 'saturated' with blood or other body fluids must be discarded into a biohazardous waste container
- Empty soiled linen hampers when ¾ full and place full linen bags in the designated holding area (where applicable)
- Empty trash cans and replace bag liners or place cans outside of the locked system room at the end of each day for housekeeping personnel to empty
- Sweep and damp mop the floor at the end of each day

Daily Responsibilities in the MRI Control Room

- Wipe down the following with a slightly damp rag to remove dust and dirt: MRI control table, countertops, keyboard, telephone - Disinfect as needed by following the disinfectant manufacturer's guidelines regarding soak times
- Keep floor clean of trash and debris
- Keep supplies organized on shelves and in cupboards
- Keep food put away and out of view
- Empty waste containers when full
- No open containers of liquid (including beverages) should be on the MRI control table

Daily Responsibilities in the Holding Area and Dressing Booth Area

- Ensure hamper lids are closed at all times
- Promptly place used linens in hampers when patients leave them in the dressing booth - Any items that are wet with blood or other body fluids shall be red bagged prior to entering the hamper
- Empty soiled linen hampers when ¾ full and place full linen bags in the designated holding area
- Disposable patient gowns/tops/pants may be discarded into the household trash if they do not meet the OSHA definition of biohazardous waste - Contaminated items that are 'saturated' with blood or other body fluids must be discarded into a biohazardous waste container
- Keep the holding area and dressing booths tidy by placing all trash in cans and placing items (supplies, magazines, etc.) where they belong as needed throughout each shift
- Disinfect blood and/or body fluids as needed with a hospital grade disinfectant - Follow the disinfectant manufacturer's guidelines regarding soak times before wiping dry

Weekly Responsibilities in the MRI Department

- Empty, disinfect and restock the IV supply box (as applicable)
- Wipe down cabinet fronts and handles to remove dust and dirt – Disinfect as needed with a hospital grade disinfectant wipe or spray - Follow the disinfectant manufacturer's guidelines regarding soak times before wiping dry
- Organize supplies inside the cabinets and cupboards

NOTE: RadNet's complete Bloodborne Pathogens Program is defined in the RadNet Safety Manual

Infection Control

- Employees with a communicable disease should be cleared by a physician prior to being allowed to work in the imaging center.
- Eating, drinking, smoking and applying cosmetics or contact lenses are prohibited in any biohazard area.
- Gloves shall be worn any time there is reasonable anticipation that blood or body fluids could contaminate the employee's hands, such as when establishing IV access or removing an IV catheter
- Other personal protective equipment shall be worn as needed when there is reasonable anticipation that the head, face or body could be contaminated with blood or other body fluids

Hand Washing

- Hands must be washed after each patient contact
- Waterless hand cleanser may be used when a sink and soap are not readily available, however, technologists should establish a habit of washing their hands with soap and running water frequently throughout their work shift
- Hands must be washed before and after meal breaks
- Hands must be washed after restroom breaks and smoke breaks
- Hands should be washed for a minimum of 20 seconds under warm, running water, making sure to scrub all surfaces of the hands and wrists, including under the nails

**Refer to the Bloodborne Pathogens Policy in the RadNet Safety Manual for a full policy regarding infection control.**

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## SITE ACCESS RESTRICTION

### Purpose

To guard against accidents and injuries to patients and other individuals, as well as damage to magnetic resonance (MRI) systems.

### Signs to Control Access to the MRI Environment

The general and immediate areas associated with the MRI system scanner must have supervised and controlled access. Supervised and controlled access involves having MRI safety-trained personnel present at all times during the operation of the facility to ensure that no unaccompanied or unauthorized individuals are allowed to enter the magnetic field environment. Importantly, MRI safety-trained personnel are responsible for performing comprehensive screening of patients and other individuals before allowing them to enter the MRI system room.

Additionally, it is necessary to educate and train individuals who need to enter the MRI environment on a regular basis (e.g.: custodial/housekeeping workers, transporters, security personnel, firefighters, nurses, anesthesiologists, radiologists, etc.) regarding the potential hazards related to the powerful magnetic field of the MRI system.

As one means of helping to control access to the MRI environment, the area must be clearly demarcated and labeled with prominently displayed signage to make all individuals and patients aware of the risks associated with the MRI system. Access to the MRI system room (exam room) must also be monitored and controlled on a continuous basis.

Signs with appropriate content and information are designed to promote a safe MRI environment. According to the United States Food and Drug Administration, the controlled access area (MRI system magnet room) should be labeled "Danger – Strong Magnetic Field" at all entry points.

Additionally, all entry doors should have signage that states:

**DANGER**
**Restricted Access**
**Strong Magnetic Field**
**The Magnet is Always On**

Where required by State regulations, centers must post Zone signage as follows.

- Zone 1 Waiting Room: Freely accessible to the general public and center personnel.
- Zone 2 Dressing Rooms: Patients and visitors should not roam unattended within this area.
- Zone 3 Just Outside the MRI Magnet Room: Restricted from access unless under the control of qualified personnel.
- Zone 4 MR Magnet Room: Restricted unless screened by qualified personnel.

Where locking mechanisms are available, the MRI system room (the magnet room) is physically restricted from general public access by key locks whenever MRI personnel are not in the immediate vicinity and cannot control access to this area (i.e., lunch break and evening closing). Only MRI Personnel shall be provided with the access keys to the MRI system room. There shall be NO exceptions to this guideline. This specifically includes facility administration, physicians, security and other non-MRI personnel.

## CLEARING EQUIPMENT, IMPLANTS & DEVICES TO ENTER THE MRI SYSTEM ROOM

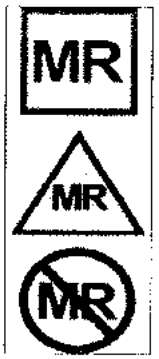
Never assume an implant, device, or other item, such as a patient support device, is acceptable or "safe" to enter the MRI environment if it is not clearly labeled and documented in writing. When making a decision regarding these objects, consideration should be based on Instructions for Use (IFU) for a particular product or information in recent, peer-reviewed publications. Note that published material should recognize that all such claims only apply specifically to the particular MRI conditions used to evaluate the object.

The following are the recommended resources to research and verify information for implants, devices, or other objects, including support devices. These resources are updated regularly. It is important that you reference the most current information.

- The website for the manufacturer of the product
- www.MRISafety.com device and implant contraindication
- "MRI Bioeffects, Safety and Patient Management" FG Shellock and JV Crues Editors, Biomedical Research Publishing Group, Los Angeles, California, 2014
- "Reference Manual for Magnetic Resonance Safety, Implants and Devices: 2016 Edition" FG Shellock, Biomedical Research Publishing Group, Los Angeles, California, 2016

All portable metallic or partially metallic objects that are to be brought into the MRI system room must be properly identified and appropriately labeled utilizing the current FDA labeling criteria developed by ASTM (American Society for Testing and Materials) International.

Note: It is also acceptable to use the same icons in black and white. Color icons are not mandatory.




- Items which are wholly nonmetallic should be identified and labeled as **"MR Safe"** designated by a square.
- Items with a MR conditional rating should be affixed with a triangular **"MR Conditional"** label.
- Items which are clearly ferromagnetic should be identified and labeled as **"MR Unsafe"** designated by a circle with a slash through it.

### Notes Regarding Implants

Patients should be asked at the time of scheduling to bring their implant device card or information in writing from their physician. The physician or surgical center can be contacted when the patient cannot provide necessary information.

If detailed information was not provided during scheduling, the patient should be contacted a few days prior to the exam appointment to obtain device information to present to the technologist and/or radiologist for pre-procedural clearance.

The presence and nature of implanted devices should be re-verified by the MRI technologist when taking a patient's history just prior to the patient entering the MRI system room. Consult the radiologist if there are any questions or concerns about the device.

It is important to note that forces on an implant will change, and may actually increase, as you insert or extract the patient from the scanner bore. The greater the rate of motion, the greater the forces acting upon the device will be. Thus, it is prudent to ensure that the MRI technologist **insert and extract the patient at a slow, cautious, deliberate rate**.

**For more detailed safety information** on the forgoing and other devices, refer to www.mrisafety.com/SafetyInfog.asp

**Managing Patients with Implanted Infusion Pumps**

Implanted infusion pumps present the risk of serious injury and death when introduced into the MR system environment. Medication dosing inaccuracies (over-infusion, under-infusion, unintended bolus) and other mechanical problems with the pump (motor stall, pump not restarting after an MRI exam) can occur.

Only implantable infusion pumps labeled as MR Conditional may be safely scanned, and only under the specific conditions of safe use.

- Ensure that the MRI system at your site meets all conditions provided in the MR Conditional labeling of the implantable pump.
  - For example, some models can be safely imaged only at 1.5 tesla, but not 3T.
  - Contact the implantable infusion pump manufacturer if there are any questions about the MRI safety status of the implantable pump system.
- The FDA recommends the following before, during, and after an MRI exam on a patient with an implantable infusion pump.
  - Before scanning, ask the patient for their implant card to confirm the pump model and DO NOT scan the patient until the pump model has been positively identified and instructions for safe MRI exposure are understood.
  - If there are any questions about the specific pump model a patient has, contact the health care provider managing the pump.
- Implantable pump models may have unique requirements and procedures that must be followed in order for a patient to safely undergo an MRI exam. Failure to adhere to these conditions can result in serious injury or death.
  - Be aware that the steps that must be followed before, during, and after an MRI exam may be different for each manufacturer and model of pump.
    - Be sure to verify that the conditions of safe MRI use can be followed prior to scanning the patient.
    - Some pump models may need to be reprogrammed before and/or after the exam.
    - Depending on the medication delivered by the implantable pump, alternative drug therapy may need to be considered to prevent drug withdrawal.
    - Some pump models may need to be completely emptied of drug prior to the MRI exam to prevent unintended over delivery of medication and drug overdose.
- Radiologists and referring physicians should consider the benefits and risks of an MRI exam for each patient and weigh the value of the information gained from the magnetic resonance images against the risks of the exam for the patient.

**Managing Patients with Coils, Filters, Stents and Grafts**

1.5-TESLA

Coils, Stents, Filters and Vascular Grafts

Coils, stents, filters and vascular grafts have been evaluated relative to the use of MRI systems. While many of these implants are made from nonferromagnetic materials, several demonstrated magnetic field interactions in association with scanners. Fortunately, the devices that exhibited positive magnetic field interactions typically become incorporated securely in tissue within six (6) weeks after implantation due to ingrowth and other mechanisms. Therefore, **most coils, filters, stents and grafts that have been tested are unlikely to become moved or dislodged as a result of exposure to MRI systems operating at 1.5-Tesla or less. It is unnecessary to wait an extended period of time after surgery to perform an MRI procedure in a patient with a "passive" metallic implant that is made from a nonferromagnetic material.**

MRI may be of concern for certain configurations or shapes for coils, stents, filters and vascular grafts. **Refer to "The List" of implants that are acceptable for patients undergoing MRI procedures.** Patients with the specific coils, stents, filters and vascular grafts indicated in "The List" have had procedures using MRI systems operating at static magnetic field strengths of 1.5-Tesla or less (and some at 3-Tesla) without reported injuries or other problems.

Bare Metal and Drug Eluting Coronary Stents

Drug eluting stents are now used on a widespread basis in patients with coronary artery disease. Many bare wire and drug eluting coronary artery stents have been reported to be acceptable for patients undergoing MRI procedures at 3-Tesla or less. **Always refer to "The List" for specific information.**

3-TESLA

Coils, Stents, Filters and Vascular Grafts

Different coils, stents, filters and vascular grafts have been evaluated at 3-Tesla. Of these implants, two displayed magnetic field interactions that exceeded the American Society for Testing and Materials (ASTM) International guideline for safety. However, similar to other comparable implants, tissue ingrowth and other mechanisms are sufficient to prevent them from posing a substantial risk to a patient or individual in the 3-Tesla MR environment. Thus, these issues warrant further consideration.

Bare Metal and Drug Eluting Coronary Stents

Drug eluting stents are now used on a widespread basis in patients with coronary artery disease. Many bare wire and drug eluting coronary artery stents have been reported to be acceptable for patients undergoing MRI procedures at 3-Tesla or less. **Always refer to "The List" for specific information.**

**IMPORTANT NOTE:**
An MRI procedure should not be performed if there is any possibility that the implant is not positioned properly. Not all stents are safe for patients undergoing MR procedures, particularly since, to date, not all stents have undergone MRI testing. New coils, stents, filters and vascular grafts are developed on an ongoing basis. **Please refer to "The List" for the status of any device with which you are not familiar.**

**Managing Patients with Coronary Artery Stents with Unknown Labeling Information**

When following the pertinent MRI labeling information, patients with coronary artery stents have safely undergone MRI examinations, including those performed at 1.5-Tesla and 3-Tesla. Unfortunately, the policy that MRI labeling information is required before allowing MRI in patients with coronary artery stents limits access to this important diagnostic imaging modality for those patients for which labeling is unavailable.

However, in consideration of the relevant peer-reviewed literature and other pertinent documents, **it is acceptable and safe to perform MRI examinations in all patients with coronary artery stents by following specific guidelines** developed by taking into account possible safety concerns (i.e., those related to magnetic field interactions and MRI-related heating) for these particular implants.

Thus, the following guidelines apply to performing MRI in patients with coronary artery stents (including two or more overlapped stents) that have unknown labeling information:

1. Patients with all commercially available coronary artery stents (including both drug-eluting and non-drug eluting or bare metal versions) can be scanned at 1.5-Tesla/64-MHz or 3-T/128-MHz.
2. Patients with all commercially available coronary artery stents can undergo MRI immediately after placement.
3. The MRI examination must be performed using the following parameters:
   - 1.5-Tesla or 3-Tesla, only
   - Whole body averaged specific absorption rate (SAR) of 2-W/kg, operating in the Normal Operating Mode of operation for the MRI system
   - Maximum time, 15 min. per pulse sequence (multiple sequences per patient are allowed)

**IMPORTANT NOTE:**
These guidelines are based on the available literature and other information pertaining to coronary artery stents. These guidelines must be reviewed on an annual basis to confirm that no *new* coronary artery stent has become commercially available that substantially deviates from the above MRI conditions or that is labeled MR Unsafe. **Any deviation from the above MRI conditions requires prior approval by the Radiologist.**

**IMPORTANT NOTE:**
**This information does not apply to other stents**, such as peripheral vascular stents, abdominal aortic aneurysm (AAA) stent grafts, biliary stents, ureteral stents, or stents used for other applications (e.g., tracheobronchial stents, esophageal stents, etc.).

**Managing Patients with Heart Valve Prostheses and Annuloplasty Rings with Unknown Labeling Information**

The following guidelines apply to performing MRI in patients with heart valve prostheses and annuloplasty rings that have unknown labeling information.

1. Patients with all commercially available heart valve prostheses and annuloplasty rings can be scanned at 1.5-Tesla/64-MHz or 3-T/128-MHz.
2. Patients with all commercially available heart valve prostheses and annuloplasty rings can undergo MRI immediately after placement.
3. The MRI examination must be performed using the following parameters.
   - 1.5-Tesla or 3-Tesla, only

- Whole body averaged specific absorption rate (SAR) of 2-W/kg, operating in the Normal Operating Mode of operation for the MRI system
- Maximum time, 15 min. per pulse sequence (multiple sequences per patient are allowed)

**IMPORTANT NOTE:**
**Any deviation from the above MRI conditions requires prior approval by the Radiologist.**

### Managing Patients with Aneurysm Clips and Associated Stents

The presence of an aneurysm clip in a patient referred for an MRI procedure represents a situation with significant potential risk. Intracranial aneurysm clips can be a contraindication to scanning because excessive, magnetically induced forces could displace these implants and cause serious injury or death.

**Only aneurysm clips classified as "non-ferromagnetic" or "weakly ferromagnetic"** are acceptable for patients undergoing MRI procedures. Variables to consider include the size, shape, mass and material of the aneurysm clip.

Specific information (i.e.: manufacturer, type or model, and material) about the aneurysm clip must be known so that only individuals with non-ferromagnetic or weakly ferromagnetic aneurysm clips are allowed into the MRI environment.

Stents associated with aneurysms represent a potential safety issue due to the potential of stent movement to disturb the delicate aneurysm. **The nature and safety classification of stents in these locations must therefore be determined prior to scanning.**

The manufacturer provides this information in the labeling. Implanting surgeons are responsible for properly recording and communicating this information in their patient's medical records.

The radiologist and implanting surgeon are responsible for evaluating the information pertaining to the aneurysm clip or stent, verifying its accuracy, obtaining written documentation, and deciding to perform the MRI procedure after considering the risk and benefits in a given patient.

### Ocular Issues Related to MRI

There is a risk to patients with embedded conductive or magnetically active fragments in or near the eye. All patients who have a **known history of metal in the eye or orbit trauma from a metallic foreign body are to be screened.** Please note that **occupational risk of an ocular metal body does not meet the threshold for imaging based on screening.**

Screening can be accomplished by plain X-ray, low dose CT, or by a radiologist's assessment of prior imaging (contiguous CT or MR images obtained since the suspected traumatic event) at the radiologist's discretion.

Many lens implants pose no hazard to the patient during a MRI procedure since they do not contain metallic materials. Of the different ocular implants, lens implants and devices tested in the MRI environment, the Fatio eyelid spring, the retinal tack made from martensitic (ferromagnetic) stainless steel (Western European), the Troutman magnetic ocular implant, the Sensimed Triggerfish contact lens, and the Unitek round wire eyelid spring demonstrated positive magnetic field interactions in association with exposure to 1.5 Tesla MRI systems.

**Always refer to "The List" of tested devices to determine if a particular device is safe.**

## PERSONNEL ACCESS TO THE MRI SYSTEM ROOM

### Purpose

To ensure the safety of all personnel accessing the MRI system room (magnet room).

### MRI Personnel

Only qualified MRI Technologists and MRI Radiologists are permitted to operate MRI equipment and have unrestricted access to the MRI system room. These individuals are extensively trained and educated in the broader aspects of MRI safety issues.

### Non-MRI Personnel

At times, it will be necessary for ancillary (non-MR) personnel to gain access to MRI system room (the MR exam room). All Non-MRI Personnel wishing to enter the MRI system room must have passed a MRI safety screening process before gaining entry into the MRI system room.

Only personnel specifically trained in MRI safety (e.g.: MRI Technologists, MRI Tech Aids and Nurses) are authorized to perform MRI safety screening. Screening personnel shall verbally verify that all removable external metallic objects have been removed from the person's body and clothing. A visual screening for metallic objects shall be conducted.

Non-MRI Personnel should be accompanied by and/or under the immediate supervision of, and in immediate visual or verbal contact with, the MRI technologist for the entirety of the duration in which the Non-MRI Personnel remains within the MRI system room.

### Pregnant Personnel

Pregnant health care practitioners are permitted to work in and around the MRI environment throughout all stages of their pregnancy. This includes, but is not limited to, positioning patients, scanning, archiving, injecting contrast, entering the MRI scan room in response to an emergency, etc. Although permitted to work in and around the MRI environment, pregnant health care practitioners should not remain within the scanner bore or in the MRI scanner room during the operation of the scanner.

## MRI PATIENT AND VISITOR SCREENING

### Guideline

Because most MRI-related incidents have been due to deficiencies in screening methods and/or the lack of properly controlling access to the MRI environment (especially with regard to preventing personal items and other potentially problematic objects from entering the MRI system room), it is crucial to follow procedures and guidelines to prevent such incidents from occurring not only with patients, but also with visitors accessing the MRI system room.

### MRI Screening Procedure

Patient Screening Begins During Scheduling - Certain aspects of screening patients for MRI procedures take place during the scheduling process. While scheduling the patient, questions should be asked to ascertain if the patient has an implant or device that may be contraindicated or requires special attention for the MRI procedure (e.g.: a ferromagnetic aneurysm clip, pacemaker, neurostimulator, etc.) or if there is a condition that needs careful consideration (e.g.: the patient is pregnant, has a relative disability, history of renal dialysis, metallic foreign body, etc.). Preliminary screening helps prevent scheduling patients that may be inappropriate candidates for MRI examinations.

Patient Screening Prior to Exam – After registering, the patient must undergo comprehensive screening in preparation for the MRI examination. Comprehensive screening involves the use of a printed form to document the screening procedure, a review of the information on the screening form, and a verbal interview to verify the information on the form and to allow for discussion of concerns that the patient may have and to clarify and confirm the patient's answers. It is important that there is no miscommunication regarding important MRI safety issues. An MRI-safety training healthcare professional must conduct this important aspect of the patient screening.

Screening questionnaires gather pertinent information about the patient to ensure the medical records are up-to-date, and also help determine if the MRI facility needs to contact the referring physician for additional information regarding the examination or to verify the patient's medical condition. Screening questions should include:

- General patient information, such as patient demographics and referring physician name.
- The pregnancy or breastfeeding status of female patients.
- Information regarding the reason for the MRI examination and any symptoms that may be present.
- Prior surgical procedures to help determine if there may be an implant or device present that could create a problem.
- Prior diagnostic studies that may be helpful to review for assessment of the patient's condition.
- Issues that might prevent the patient from safely entering the MRI system environment, such as problems with a previous MRI exam, injury to the eye involving a metallic object, any bodily injury from a metallic foreign body.
- Medication history and drug allergies.
- Past and present medical conditions that may affect the MRI procedure or the use of an MRI contrast agent.

Screening forms are also used to alert patients to potential dangers and provide warnings, such as:

- The fact that certain implants, devices or objects may be hazardous if taken near the strong magnetic field.
- The need for hearing protection.
- Warnings to immediately alert the MRI technologist of any signs of heating or burning sensations.

Note: A new screening form must be completed for every visit.

Screening an Unconscious or Incommunicative Patient – In the event the patient is comatose or unable to communicate, the written screening form should be completed by the most qualified individual (e.g.: physician, family member, etc.) who has knowledge about the patient's medical history and present condition. If the screening information is inadequate, it is advisable to look for surgical scars on the patient and/or to obtain plain films of the skull and/or chest to search for implants that may be hazardous in the MRI environment. (e.g.: aneurysm clips, cardiac pacemakers, neurostimulators, etc.).

Screening for MRI Contrast Agent Use – Patients need to be screened prior to the administration of gadolinium-based MRI contrast agents in an effort to determine if there are conditions that may need to be considered relative to the use of MRI contrast agent, including renal dialysis, pregnancy, and/or prior contrast reactions/issues. Follow the guidelines in the MRI Contrast Administration section of this MRI Department Manual.

Screening Visitors (Non-Patients) – Before any non-patient individual (e.g.: relative, visitor, allied healthcare professional, physician, maintenance worker, custodial worker, fire fighter, security officer, etc.) is allowed into the MRI environment, he or she must be screened by an MRI safety trained healthcare professional. Proper screening for involves the use of a printed form to document the screening, a review of the information on the form, and a verbal interview to verify the information on the form and to allow discussion of any question or concern that the individual may have.

The visitor screening form contains warning statements regarding implants, devices or objects that may be hazardous in the MRI environment and serves to determine if there are issues that may prohibit entry to the MRI environment. Visitor screening forms are to be scanned into the medical record of the patient who they accompanied into the exam room.

**Clothing Safety Considerations - To ensure the safety of patients and visitors who will accompany patients into the MRI system room, and to protect the MRI equipment from damage, street clothes MUST be removed. Gowns or scrubs will be provided.**

Final Screening at the MRI System Room Door - The MRI technologist must perform a visual and verbal final check on each person entering the MRI system room. The technologist shall verbally verify that all removable external metallic objects have been removed from the patient's and visitor's body and clothing. A visual screening for external metallic objects shall be conducted.

**Screening for Patient Pregnancy and Breastfeeding Status**

Female patients of child-bearing age shall be screened to determine if they are or may be pregnant. It is prudent to screen women of reproductive age for pregnancy prior to permitting them into the MRI system environment. If pregnancy is established, consideration should be given to reassessing the potential risks versus the benefits of the pending study. Pregnant patients can be accepted to undergo MRI scans at any stage of pregnancy, but particular caution should be exercised during the first trimester.

Pregnant patients should be informed that, to date, there has been no indication that the use of clinical MR imaging during pregnancy has produced deleterious effects. This information applies to MRI systems operating up to 3-Tesla.

Those scheduled to receive contrast shall also be screened to determine if they are breastfeeding.

**Fetal MRI**

Fetal MRI (as well as MRI on known pregnant patients) is indicated for use with written informed consent if diagnostic ultrasound is inadequate or the examination provides important information in patients that would otherwise require exposure to ionizing radiation.

Fetal MRI is done only on the recommendation of a radiologist after consultation with the referring physician. The radiologist shall document the fact that the MRI study cannot be acquired via other non-ionizing means, the data is needed to potentially affect the care of the patient or fetus during the pregnancy, and the referring physician does not feel it is prudent to wait until the patient is no longer pregnant to obtain the data in the radiology report of the patient's medical record.

For patients with a possibility of pregnancy or known to be pregnant, the radiologist must be informed so that a decision can be made as to whether to proceed with the scheduled MRI exam or wait until the patient is sure she is not pregnant or is no longer pregnant. Such decisions must be made by the radiologist in consultation with the patient and her treating physician. Refer to the "Pregnant Patients and MRI Procedures" guidelines on the following page for detailed information regarding the scanning of pregnant patients.

MRI contrast agents should not be routinely provided to pregnant patients. The decision to administer a gadolinium-based MRI contrast agent to pregnant patients should be accompanied by a well-documented and thoughtful risk-benefit analysis approved by the radiologist. Refer to the "Administration of Gadolinium to Pregnant Patients" and "Administration of Gadolinium to Breast-Feeding Mothers" in the MRI Contrast Administration section of the MRI Department Manual for detailed information regarding the administration of gadolinium-based contrast to pregnant or breastfeeding patients.

**Pediatric Screening Issues**

As recommended by the ACR, older children and teenagers should be questioned both in the presence of parents or guardians and separately to maximize the possibility that all potential dangers are disclosed. Pillows, stuffed animals and other comfort items brought from home represent real risks and should be discouraged from entering the MRI system room. If unavoidable, each such item should be carefully checked with the powerful handheld magnet and perhaps again in the MRI scanner prior to permitting the patient to enter the MRI system room with the object.

**When Contraindications are Discovered During Screening**

When a potential contraindication is detected during the patient screening process, the technologist must bring necessary issues to the attention of the radiologist and/or MRI supervisory personnel before proceeding with the examination.

If a contraindication is detected during the visitor screening process, the visitor must remain outside of the MRI system room.

**Security Personnel / Police / Guard Screening**

Police and Security Guards must be appropriately screened prior to access to the MRI system room. The decision to allow access is made by qualified MR staff after review of the MRI Visitor Screening Form, as well as a verbal and visual assessment of the individual.

Security Personnel are required to remove all metallic objects from their possession, including guns and ammunition, electronically activated restraint devices, radios, cell phones, badges, name tags, jewelry, coins, wallets, keys, pocket knives, nail clippers, and steel-toe boots/shoes.

Security Personnel are required to remove all metallic objects from their detainee's possession, including handcuffs and leg restraints, electronic monitoring devices, coins, wallets, jewelry, hairpins, keys and cell phones.

Plastic restraining devices must be used for those detainees requiring uninterrupted restraint and security personnel are charged with replacing the original restraints following the examination.

## PROCEDURE FOR RESPONSE TO A FIRE

### Purpose

To ensure the safety of all persons in the facility should a fire occur in the MRI system area.

### Fire Extinguishers

Facilities with MRI scanners must have clearly marked non-ferrous fire extinguishing equipment readily accessible to the MRI Department. Ferrous fire extinguishers and other fire-fighting equipment should not be brought into MRI Department. It is highly recommended that any imaging center with a MRI scanner have only non-ferrous fire extinguishers inside the facility.

### Guideline

There are four basic steps that must be taken if a fire is discovered.

1. Protect those immediately affected by fire and smoke. The safety of people is a top priority.
2. Confine the fire and smoke by closing doors that will isolate it in a given room or area.
3. Notify those responsible for responding to the fire scene by:
   a. Pulling the nearest/safest fire alarm pull station.
   b. Calling 911 and reporting the exact location of the fire.
   c. Initiating the proper code notification in centers located on a hospital campus.
4. Radnet employees are not required to fight fires. If you choose to respond voluntarily, be sure to act without jeopardizing your personal safety. Use only an appropriate non-ferrous fire extinguisher within the MRI Department.

### Response to a Fire in the Magnet Room

1. Disconnect electrical power to the MRI system by pressing the emergency "off" buttons.
2. Use only a non-ferrous fire extinguisher if you chose to voluntarily use one.
3. If the fire is not extinguished after emptying the available extinguisher, or it jeopardizes your personal safety, a decision to quench the magnet should be very seriously considered to protect the health and lives of the emergency response personnel.
4. All persons, including fire-fighters, must be screened to enter the restricted magnetic field.

### Response to Fire in Computer Room

1. Disconnect electrical power by pressing the emergency "off" buttons.
2. Use only a HALON extinguishing system inside the computer room.
3. If the fire is not extinguished or it jeopardizes your safety, evacuate the room immediately.

### Quenching the Magnet During a Fire

If the MR technologist is available during the emergency to ensure that emergency response personnel responding to the fire call are kept out of the MRI system room and 5 gauss line, then quenching the magnet during response to an emergency or fire should not be a requirement.

HOWEVER – If the MRI control room or MRI system room and needs to be entered by fire-fighting or other emergency response personnel with their equipment (oxygen tanks, crowbars, axes, etc.), a decision to quench a super-conducting magnet at that point should be VERY seriously considered to protect the health and lives of the responding emergency personnel.

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## PROCEDURE FOR RESPONSE TO A RESPIRATORY OR CARDIAC ARREST OR OTHER MEDICAL EMERGENCY IN THE MRI SYSTEM MAGNET ROOM

### Purpose

To outline the immediate steps that must be taken to provide prompt medical care to the patient, as well as insure the safety of all responding personnel, and protect the magnet in the event of a respiratory or cardiac arrest of a patient during an MRI examination.

### Guideline

1. A call for emergency medical assistance will be made immediately upon identification of respiratory or cardiac arrest.
    a. Centers that are joint venture locations located on a hospital campus should follow the code call procedures dictated by the hospital.
    b. Centers that are freestanding facilities should call 911.

2. When emergency medical intervention or resuscitation is required, MRI personnel should immediately initiate basic life support or CPR as required by the situation while the patient is being emergently removed from the MRI system room to a predetermined, magnetically safe location. All priorities should be focused on stabilizing (e.g., basic life support with cardiac compressions and manual ventilation) and then evacuating the patient as rapidly and safely as possible from the magnetic environment that might restrict safe resuscitative efforts.

3. The on-site radiologist and any radiology personnel in the immediate area should be summoned to provide assistance, and the MRI system room door shall be closed to prevent anyone from entering the magnet room without proper screening for contraindications to MRI or possession of loose magnetic objects.

4. The patient shall then be transported to a holding area where a crash cart and oxygen are located.

5. The control room and adjacent room doors should also be closed to prevent any responding personnel from entering the restricted magnetic field area without proper screening by MRI personnel.

## MRI AND ACOUSTIC NOISE

### Purpose

To provide information on the potential risks to patients regarding acoustic noise produced during MRI examinations.

### Acoustic Noise and MRI Procedures

Problems associated with acoustic noise include annoyance, verbal communication difficulties, heightened anxiety, temporary hearing loss and, in extreme cases, the potential for permanent hearing impairment.

Recovery from the effects of noise occurs in a relatively short period of time. However, if the noise insult is particularly severe, full recovery can take up to several weeks. If the noise is sufficiently injurious, a permanent threshold shift at specific frequencies may occur.

### Acoustic Noise Control Techniques

1. Passive Noise Control – Earplugs and head phones, when properly used, can abate noise by 10 to 30 decibels (dB).

   However, passive noise control methods suffer from a number of limitations.
   - Some patients do not insert the ear plugs fully into the ear canal.
   - Standard earplugs are often too large for adolescents and infants.
   - Some patients do not properly adjust head phones over the ears

   Care should be taken to ensure proper use of noise control devices, particularly in patient populations that cannot be expected to monitor efficiency, such as children, the debilitated and the elderly.

2. Active Noise Control – A significant reduction in the level of acoustic noise caused by MRI procedures has been accomplished using active noise cancellation. Anti-noise systems involve a continuous feedback loop with continuous sampling of the sounds in the noise environment so that the gradient magnetic field-induced noise is attenuated.

3. "Quiet" Pulse Sequences – When available, quiet pulse sequences should be considered in vulnerable populations.

Because not all MRI scanners have Active Noise Control or Quiet Pulse Sequence capabilities, it is important that all RadNet patients and other persons that remain inside of the MRI system room during an examination wear hearing protection.

### Guideline

1. **ALL PATIENTS HAVING MRI STUDIES MUST WEAR HEARING PROTECTION.** Ear protection is offered in various forms including earplugs, noise reduction headsets, and noise cancellation technology.

2. **Visitors and volunteers entering the MRI system room during an exam are also encouraged to wear hearing protection.**

## TATTOOS / PIERCINGS / COSMETIC IMPLANTS

### Purpose

To provide recommendations for patients with tattoos or permanent cosmetics.

### Screening for Tattoos

Before undergoing a MRI procedure, patients should be asked if they have ever had a permanent coloring technique (i.e.: tattoo) applied to the body. This includes cosmetic applications such as eye liner, lip liner, lip coloring, as well as decorative designs. Screening is necessary because of associated imaging artifacts and, more importantly, because a small number of patients have experienced transient skin irritation, cutaneous swelling, or heating sensations at the site of the permanent coloring in association with MRI procedures. **These issues do not represent a contraindication to MRI examination.**

### United States Food and Drug Administration Statement on Tattoos

In addition to the above, information and recommendations have been provided for patients by the United States Food and Drug Administration, Center for Food Safety and Applied Nutrition, Office of Cosmetics and Colors Fact Sheet as follows:

> *"The risks of avoiding an MRI when your doctor has recommended one are likely to be much greater than the risks of complications from an interaction between the MRI and tattoo or permanent makeup. Instead of avoiding an MRI, individuals who have tattoos or permanent makeup should inform the radiologist or technician of this fact in order to take appropriate precautions, avoid complications, and assure the best results."*

### Guidelines and Recommendations

- During screening, ask the patient if he or she had a permanent coloring technique (decorative tattoo or permanent cosmetics) applied to any part of the body.
- Inform the patient of the risks associated with the site of the tattoo.
- Advise patients with tattoos and permanent cosmetics to immediately notify the MRI technologist regarding any unusual sensation felt at the site of the tattoo during the exam.
- Closely monitor the patient using visual and auditory means throughout the exam.
- As a precautionary measure, apply a cold compress (ice pack wrapped in a towel or pillow case) to the tattoo site during the MRI exam. Never use a wet washcloth, as water is also an excellent conductor and could pose a burn hazard.
- Additionally, a firmly applied pressure bandage may be used if there is concern related to "movement" of the ferromagnetic particles in the tattoo pigment.
- Skin reactions can be immediate or delayed. Patients are to be informed that any delayed reactions should be immediately reported to their primary care physician and the imaging center where the MR scan was performed.

### Microdermal Piercings / Implanted Body Jewelry / Cosmetic Implants

Microdermal piercings, implanted body jewelry and cosmetic implants must be evaluated on a case-by-case basis and cleared in the same manner as other implanted devices. Instruct the patient to be aware of sensations of warmth or even burning and to immediately notify the technologist if they notice any changes during the examination.

## LASER BEAM SAFETY

This guideline is manufacturer specific. Consult the laser beam manufacturer's guidelines.

### Purpose

To instruct operators and patients of the potential hazard to exposure of laser beam to the eye.

### Guideline

1. The MRI system may be equipped with a laser beam mounted above the patient entry of the magnet. Patients and personnel must be instructed to not stare into the laser beam, as direct long-term exposure of the eye to the laser bean may damage the eye.

2. Personnel must instruct patients to close their eyes when the laser is used for land-marking and must turn the laser light off when done.

3. A warning sign shall be posted.

## OTHER SAFETY ISSUES FOR CONSIDERATION

### Purpose

There are many potential safety issues that should be considered in the MRI environment.

### Reporting Thermal Injuries

All thermal injuries must be documented on an Incident Report Form and reported the same day an employee is made aware of the injury. Thermal injuries are considered Emergent in nature and must be reported to the Sr. VP of Compliance and Regulatory Affairs. This is accomplished by the site manager marking the online incident report as Emergent Yes.

### Skin Staples and Metallic Sutures

There is a risk to patients with skin staples or superficial metallic sutures. These patients may undergo MRI scanning if the staples or sutures are not ferromagnetic and are not in the anatomic volume of RF power deposition for the study to be performed. Instruct the patient to be aware of sensations of warmth or even burning and to immediately notify the technologist if they notice any changes during the examination.

### Drug Delivery Patches and Pads

Some drug delivery patches contain metallic foil. Scanning the region of the foil may result in thermal injury. Since removal or repositioning can result in altering the medication dose, consultation with the patient's prescribing physician would be indicated in assessing how to best manage the patient. If the patch is removed, a specific staff member should be given responsibility for ensuring that it is replaced or repositioned.

### Tissue Heating / Specific Absorption Rate (SAR)

Take care to enter the patient's weight correctly. Before scanning begins, the computer estimates the level of heating and compares it to the predetermined exposure limits based, in part, on the patient's weight.

Errors in patient weight do not result in excessive SAR. Low patient weight entries will result in power monitor trips below the SAR limit. High patient weights result in fewer slices/images per unit time than would have been permissible.

RFs can heat the patient's tissues if they are delivered faster than the patient's tissues can dissipate the generated heat. The amount of tissue heating depends on the patient's weight, type of pulse sequence, timing factors, number of slices and the use of imaging options such as saturation.

**MRI System Room (Exam Room) Temperature**

**The temperature inside the MRI system room should be set at less than 68°F** and the **bore fan should be turned on at all times** to keep air flowing inside the bore of the magnet.

- Be conscious of the room temperature.
- Never disregard temperature warnings displayed on the equipment.
- Contact your service engineer when you receive a warning regarding the gradient chiller fan temperature.
  - You may continue scanning as long as the room temperature remains at 68°F and the patient is comfortable.
  - The MRI scanner will shut itself down if the temperature reaches a dangerous level.

RF can raise the magnet bore temperature and cause thermal stress. Some medical conditions can reduce a patient's ability to cope with external temperature increases. If the temperature continues to rise, stop the scan until temperature within the bore is lowered.

To facilitate a return to scanning, make sure the patient fan is ON, room temperature is at or below 68°F, and flow through the bore is unobstructed.

RF heating can be caused by:

- Damp clothing
- Contact of body or extremities against the RF transmit coil surface
- Formation of loops with RF receive coil cables and ECG leads
- Scanning with an unconnected receive coil or other cables in the RF transmit coil
- The use of non-MR-safe ECG electrodes - Never use electrodes past the expiration date

**Thermal Stress**

A rise in body temperature can be hazardous to patients with reduced thermoregulatory capacity due to pre-existing conditions, such as cardiac impairment that results in reduced circulatory function, fever, or an impaired ability to perspire. Patients with these conditions must be carefully monitored at all times.

All patients should be monitored for increased temperature during the scanning. If the patient reports discomfort due to warming, stop the scan.

Extra attention should be utilized when scanning patients who are unconscious, sedated, or may have a loss of feeling in any body part (temporary or permanent paralysis). They may not be able to alert you to RF heating.

**Coils and Cables**

Coils and cables used for MRI scanning are to be visually inspected each time they are used. They should be clean and in good repair. If any defects are noticed, these are to be reported immediately to the Imaging Center Manager and the MRI Modality Specialist.

All unnecessary and/or unused electrically conductive materials should be removed from the MRI system before the onset of imaging. It is not sufficient to merely unplug or disconnect unused, unnecessary electrically conductive material and leave it within the MRI scanner with the patient during imaging.

All electrical connections, such as on surface coils leads, monitoring devices, etc., must be checked by the MRI Technologist prior to each use to ensure the integrity of the thermal and electrical insulation. Damaged cables and exposed wires are immediately reported to the service engineer and the particular piece of equipment is taken out of use until repair.

For electrically conductive material, wires, etc. that are required to remain within the bore of the MRI scanner with the patient during imaging, care should be taken to ensure that no large caliber loops are permitted to be formed.

Care should also be taken to place thermal insulation (including air, pads, etc.) between the patient and the electrically conductive material during imaging. It is appropriate to try to position the leads/wires as far as possible from the inner walls of the MR scanner if the body coil is being used for radiofrequency transmission.

If a patient complains of heat in the area of the coil, you should visually inspect the coil and notify your service engineer to have the coil evaluated any time service is warranted.

**Padding Quality Control**

Padding used for MRI scanning is to be visually inspected each time that it is used. Padding should be clean and in good repair. If any defects are noticed, these should be reported immediately to the Imaging Center Manager and the MRI Modality Specialist. Refer to the MRI Quality Control section of this manual regarding Padding QC.

**Preventing Contact Point Burns**

Many incidents of excessive heating have been reported in patients undergoing MRI procedures. The potential for a burn is greatest when the patient is uncommunicative, sedated or otherwise compromised or unable to communicate. Extreme care must be taken to correctly position and pad the exposed skin contact points of all patients.

Care should be taken to ensure that the patient's tissues do not come into direct contact with the inner bore of the scanner during the MRI exam; this is especially important for higher field MRI scanners.

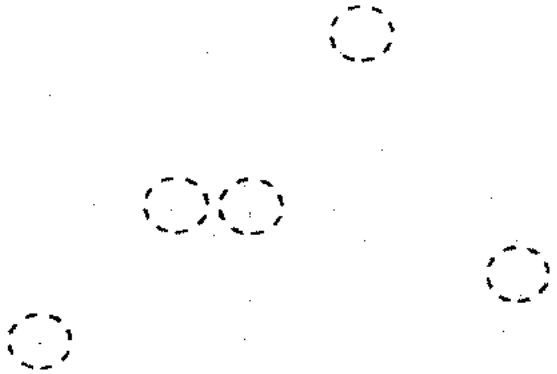
**Use only manufacturer approved padding** to protect patients from RF heating. Nonconductive padding must be at minimum 0.25 inches thick to provide adequate protection.

Use appropriate padding every time. No exceptions. **Sheets and blankets are NOT approved RF padding.**

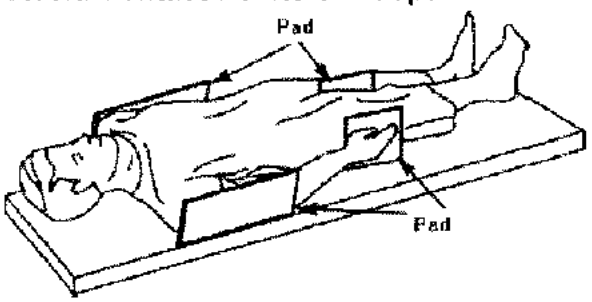
Place padding to prevent the patient's skin from coming into direct contact with the scanner bore or surface coil.

It is also important to ensure that the patient's own tissues do not form large conductive loops. Therefore, care should be taken to ensure that the patient's arms and legs are not positioned in such a way as to form a large loop. For this reason it is preferable that patients be instructed not to cross their arms or legs in the MRI scanner. To avoid a closed loop burn, insert at a minimum ¼ inch thick padding between the patients contact points.

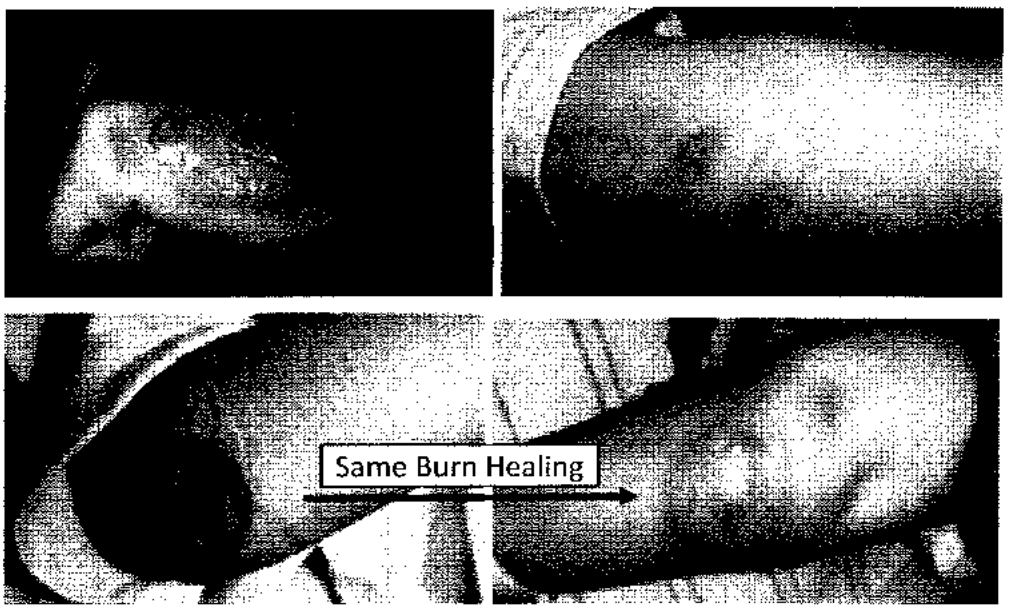
**Common Contact Points**



**Examples of Padding to Avoid Contact Points or Loops**




**WARNING:** Patients should never be allowed to directly contact the magnet bore or any surface coil. RF injury can happen quickly. Don't rely on your patient to warn you of excessive warming or discomfort. Failure to adhere to proper operating guidelines could result in RF burns as demonstrated in these images.




**NOTE:** 73% of all reported RF injuries are related to improper use of padding!

**Summary**

To prevent patients from experiencing excessive heating and possible burns in association with MRI procedures, the following guidelines are recommended:

1. Ensure there are no unnecessary metallic objects contacting the patient's skin. (i.e., metallic drug delivery patches, jewelry, necklaces, bracelets, key chains, etc.)

2. Use insulation material (i.e., appropriate padding) to prevent skin-to-skin contact points and the formation of "closed-loops" from touching body parts.

3. Thermal injuries have been associated with skin folds, such as in the region of the inner thighs. Ensure that skin folds and other such examples of tissue-to-tissue contact are minimized.

4. Place insulating material (minimum recommended thickness is ¼ inch) the patient's skin and transmit RF coil (alternatively, the RF coil itself should be padded). This may be accomplished by having the patient place his/her arms over his/her head or by using elbow pads or foam padding between the patient's tissue and the body RF coil of the MRI system. This is especially important for those MRI examinations that use the body coil or other large RF coils for transmission of RF energy.

5. Use only electrically conductive devices, equipment, accessories (i.e., ECG leads, electrodes, etc.), and materials that have been thoroughly tested and determined to be safe for MRI procedures.

6. Carefully follow specific MRI safety criteria and recommendations for implants made from electrically-conductive materials. (i.e., bone fusion stimulators, neuro-stimulation exams, etc.)

7. Before using electrical equipment, check the integrity of the insulation and/or housing of all components including surface RF coils, monitoring leads, cables, and wires. Preventive maintenance should be practiced routinely for such equipment.

8. Remove all non-essential electrically conductive materials from the MRI system. (i.e., unused surface RF coils, ECG leads, cables, wires, etc.)

9. Keep electrically conductive materials that must remain in the MRI system from directly contacting the patient by placing thermal and/or electrical insulation between the conductive material and the patient.

10. Keep electrically conductive materials that must remain within the body RF coil or other transmit RF coil of the MRI system from forming conductive loops. Note: The patient's tissue is conductive and, therefore, may be involved in the formation of a conductive loop, which can be circular, U-shaped, or S-shaped.

11. Position electrically conductive materials to prevent "cross points". A cross point is the point where a cable crosses another cable, where a cable loops across itself, or where a cable touches either the patient or sides of the transmit RF coil more than once. Notably, even the close proximity of conductive materials with each other should be avoided because some cables and RF coils can capacitively-couple (without any contact or crossover) when placed close together.

12. Position electrically conductive materials to exit down the center of the MRI system. (i.e., not along the side of the MRI system or close to the body RF coil or other transmit RF coil)

13. Do not position electrically conductive materials across an external metallic prosthesis (e.g., external fixation device, cervical fixation device, etc.) or similar device that is in direct contact with the patient.

14. Allow only properly trained individuals to operate devices (e.g., monitoring equipment) in the MRI environment.

15. Follow all manufacturer instructions for the proper operation and maintenance of physiologic monitoring or other similar electronic equipment intended for use during MRI procedures.

16. Electrical devices that do not appear to be operating properly during the MRI procedure should be removed from the patient immediately.

17. Closely monitor the patient during the MRI procedure. If the patient reports sensations of heating or other unusual sensation, discontinue the MRI procedure immediately and perform a thorough assessment of the situation.

18. RF surface coil decoupling failures can cause localized RF power deposition levels to reach excessive levels. The MRI system operator will recognize such a failure as a set of concentric semicircles in the tissue on the associated MRI image or as an unusual amount of image non-uniformity related to the position of the RF coil.

## MECHANICAL and ELECTRICAL SAFETY

### Purpose

To protect the patient and employee from mechanical failure and electrical hazards of the MRI system.

### Guideline - Mechanical Safety

1. Due care must be taken to ensure that no part of the patient's body, hair or clothing can be trapped or injured by any part of the equipment associated with the MRI system. In case of an emergency, many MRI scan tables have an emergency stop button that can be pressed to disable all motor movements. Having done this, the table top is free to be moved manually and the patient may be removed.

2. Additionally, as soon as the operator detects, visually or audibly, that the speed of a motor-driven part has become excessive, or that excessive noise or vibration is being produced, switch the system OFF.

### Guideline - Electrical Safety

1. The MRI imaging system should be used only in a location that complies with all relevant legislation and recommendations concerning electrical safety in rooms used for medical purposes.

2. The MRI imaging system may be operated on a continual 24-hour basis without adversely affecting its safety or performance.

3. Only authorized service personnel should be allowed to replace or repair any component in the system. Special non-ferrous tools may be required in certain areas.

4. Except the front door of the main cabinet, all covers and doors of the equipment shall remain closed and only authorized service personnel are allowed to open them.

5. The equipment is not suitable for use in the presence of flammable gases or vapors.

6. Do not allow water or other liquids to enter the equipment, as they may cause short circuits or corrosion.

7. Remember that some disinfectants vaporize, forming potentially explosive mixtures, and that if such disinfectants are used, the vapor must be allowed to disperse before the equipment is returned to use.

8. The hardware and software prevents operation above specified levels, as outlined by the specific manufacturer.

## SAFETY WITH CRYOGENS (LIQUID HELIUM AND LIQUID NITROGEN)

### Purpose

To identify correct handling of liquid helium and liquid nitrogen, when these cryogens are used with an MRI system.

### Guideline

1. Under no circumstances should liquid helium or liquid nitrogen be transferred into the magnet prior to installation of the quench pipe exhaust.

2. Under no circumstances should a cryogen container be brought into the MRI system magnet area, unless it is known that it is made of non-ferromagnetic material. It is extremely dangerous to personnel and equipment to bring any ferromagnetic metal objects into the MRI magnet area. Special non-ferromagnetic containers are available from the liquid gas suppliers and must be so specified and appropriately labeled.

3. An MRI system using a superconductive magnet is equipped with a QUENCH PIPE, which prevents accumulation of nitrogen and helium into the examination room.

4. Properties of cryogens:
   a. Odorless
   b. Non-flammable
   c. Non-poisonous
   d. On evaporation, a cold mist is formed - Helium will rise and nitrogen will descend to ground level
   e. Harmful for health as it will dilute the oxygen in the air

### Dangers of Liquid Helium and Liquid Nitrogen

1. Liquid helium and liquid nitrogen are extremely cold and can cause freezing of human tissues. Use protective gloves when handling them. Exposed skin must be washed with water and treated as a burn.

2. There is danger of suffocation if helium and nitrogen leak into the room, as their vapors will dilute the oxygen in the air. Always keep the ventilation of the examination room and the liquid gas storage room running.

3. Filling liquid nitrogen and liquid helium should be done only by an authorized service engineer.

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**MRI Manual / Regulatory Affairs**
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## CRYOGEN SAFETY AND MAGNET QUENCHING

### Purpose

To provide information to employees on the use of cryogens associated with the MRI system.

### Guideline

A superconductive magnet uses cryogens to super-cool the electrical conductor that creates the magnetic field. Cryogens are liquids with a normal boiling point below -130 F°. Liquid helium is used, although some MRI systems also require liquid nitrogen. Temperatures as low as -452°F are achieved.

When a cryogen boils, its volume increases by a factor of 700. This can result in high pressures that may cause explosions. Thus, it is crucial to learn proper handling techniques.

Typical use of cryogens creates three lethal hazards

1. The cold can cause cold burns, even frostbite, and hypothermia.
2. The boil-off can displace oxygen in the room, leading to asphyxiation.
3. The boil-off can build up pressure in a sealed container, leading to an explosion.

Exposure to frostbite or hypothermia can be caused by:

2. Directly touching the liquid with your skin.
3. Indirectly touching something cooled by the cryogenic liquid, like a metal transfer line.
4. Indirectly by exposure of skin or eyes to the cold gas coming out of the pressure relief valve at the end of the transfer line.

Exposure to asphyxiation can be caused by:

1. Working in a room without a properly working ventilation system.
2. Standing in or around the white "fog cloud" that is emitted from the pressure relief valve end of a transfer line, or above a spill.

Explosions can be caused by:

1. Sealing any pressure relief valves on a cryogenic system or dewar (a double walled metal tank with a vacuum between the walls that is used to hold liquids at a temperature well below the tank's surroundings).
2. Leaving LHe or LH2 dewar transfer valve open such that as the initial boil-off decreases, air can get into the dewar and freeze solid, resulting in a plug inside the dewar. This prevents the pressure relief valves from working, resulting in a slow build-up of pressure.

Warning signs of a damaged dewar or cryostat:

1. Continuous venting from a vent valve is not normal. It could mean there is dirt in the vent valve or it is damaged.
2. Sweat or frost at the bottom or sides of a dewar or cryostat is an indication of a faulty or damaged vacuum jacket.

If you discover a dewar or cryostat in this state, contact the MRI equipment vendor immediately.

When the cyrogens escape from the scanner, it is known as a QUENCH. A quench is indicated by a loud noise and/or warning message.

In the event of a quench, all personnel and patients must be immediately evacuated from the MRI system scan room as quickly and as safely as possible. Failure to follow this precaution can result in serious injury (e.g.: asphyxiation, frostbite, or injuries due to panic) or death.

Site access is immediately restricted to all individuals until the arrival of the MRI manufacturers' service engineer. This is especially important if cryogenic gases are observed to have vented partially or completely into the MRI system scan room itself, as evidenced in part by the sudden appearance of white "clouds" or "fog" around or above the MRI scanner.

The thermal expansion of the cryogens, if released into the MRI system room, can positively pressurize the magnet room and entrap persons inside until such time as the pressure is equalized. Entrapment is caused when the high pressure prevents anyone from opening a door that swings into the pressurized room.

MRI units can be installed with different safety mechanisms to help prevent entrapment. Check with your equipment vendor to know what safety features are available in your specific MRI department and obtain instructions on how they are utilized should entrapment occur. Such safety options could include the following.

- Remember: Out-swinging MRI system room doors are not affected by the positive pressure.

It is especially important that all emergency personnel are restricted from entering the MRI system room with equipment until it is confirmed that the magnetic field has been successfully dissipated, because there may still be a considerable static magnetic field present despite a quench or partial quench of the magnet.

In case of a known or suspected injury, notify the imaging center manager immediately and seek medical attention.

For asphyxiation:

The effect of oxygen deficiency resulting from simple asphyxiants such as nitrogen or helium gas may include:

- Rapid or gasping breathing
- Fatigue
- Diminished mental alertness
- Impaired muscular coordination
- Faulty judgment
- Depression of all senses

As asphyxiation progresses, symptoms include:

- Nausea
- Vomiting
- Prostration
- Loss of consciousness may result, eventually leading to:
- Convulsions
- Coma
- Death

If asphyxiation occurs (generally caused by rapid evaporation of liquid):

- Rescue:
  - If possible and oxygen monitors register >19.5% O2 content in the room, remove the person to air with known oxygen content of 20.9%, but do not enter the area alone
  - If oxygen monitors register <19.5% O2 content, contact emergency services to initiate rescue with self-contained breathing apparatus
- Call 911 for immediate medical attention and have the on-site radiologist examine the person promptly, as supplemental oxygen may be required, especially if breathing is difficult
- If not breathing, administer CPR (if qualified)

For frostbite:

To eyes (generally caused by rapidly evaporating liquid):

- Remove person from the source
- Call 911 and seek immediate medical treatment
- Open eyelids wide to allow the liquid to evaporate
- Flush affected area with copious quantities of cold/lukewarm water for 15 minutes

To skin (generally caused by contact with liquid or metal refrigerated liquid helium or liquid nitrogen – Note that with nitrogen, the skin can stick to the metal and tear away when pulled):

- Call 911 and seek immediate medical attention, especially if the exposure has resulted in blistering or deep tissue freezing or a reduction in body temperature
- Remove contaminated clothing carefully to prevent salvageable skin from being pulled off
- Remove clothing that may interfere with circulation of blood to affected area
- Flush with copious quantities of lukewarm water for 15 minutes
- Do not use hot water
- Do not use dry heat
- Do not rub to prevent further damage to the skin
- Do not apply ointments
- Once area has thawed, cover with dry sterile bandages and a large bulky protective covering until paramedics arrive to help prevent further damage to the area and prevent infection
- If a large area has been exposed (such that the body temperature is reduced), wrap the person in blankets and wait for paramedics to arrive

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## PREVENTIVE MAINTENANCE OF THE MRI SCANNER (Site/Equipment Specific)

### Purpose

To ensure high performance of the MRI equipment, minimize downtime, and maximize image quality.

### Guideline

1. Preventive maintenance on the MRI scanner must be performed by contracted service personnel. Service tickets will be maintained on-site to show proof of service.

2. MRI technologists are required to follow the guidelines set by the vendor supplying maintenance service, the equipment manufacturer, and the health physicist.

3. Site specific logs and reports will be maintained according to manufacturer, vendor and equipment specific guidelines to ensure systems are functioning properly. Lead MRI Technologists are responsible for ensuring the logs are completed in a timely manner by the on-site MRI technologists.

   Examples include, but are not limited to:
   A. MRI System Performance Evaluation Reports from the MRI physicist
   B. Weekly Quality Control (QC) Data forms (per current ACR requirements)
   C. Weekly Visual Checklist (per current ACR QC requirements)
   D. Weekly Laser Film Printer QC Log (per current ACR QC requirements)
   E. Facility Equipment Downtime Log – maintained by the imaging center manager
   F. Quarterly Quality Assurance Equipment Inspection Log (RadNet visual inspection of equipment)

4. If any deficits are found during QC testing, equipment testing, preventive maintenance or otherwise, steps shall be taken to correct the problem as soon as possible and documentation of corrective actions, including service tickets, shall be maintained.

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## PROCEDURE FOR RESPONSE TO LOW OXYGEN ALARM (Site/Equipment Specific)

### Purpose

Oxygen in the scan room can be displaced if more cryogens are boiled off into the room than are vented out of the room. This situation could occur if there is a failure in the venting system. Helium can displace the oxygen in the air, presenting the possible danger of asphyxiation.

### Guideline

1. Some MRI system magnet rooms and cryogen storage room are equipped with an oxygen monitor that will sound an alarm if the oxygen level drops below OSHA specified levels. A message may also appear on the operator console monitor. Consult the equipment manual or vendor regarding each individual scanner.

2. If the alarm sounds, the patient and all personnel shall evacuate the room immediately. If difficulty in breathing is experienced, exit the room by staying close to the floor where the oxygen in the air is more prevalent.

3. The room door must remain open until the room is evacuated, then the door shall be closed and locked. Notify the equipment vendor for service immediately.

4. No personnel may enter the magnet room without a MRI Safe or an MRI Conditional breathing apparatus until the oxygen level returns to normal.

## EMERGENCY MRI SYSTEM MAGNET RUN DOWN and EMERGENCY OFF (Site/Equipment Specific)

### Purpose

The equipment power and/or magnetic field may need to be removed during an emergency situation.

### Guideline

Consult the equipment manual or vendor regarding the Emergency Off and Emergency Run Down features of each individual scanner. General guidelines are provided below.

### Emergency Off

The Emergency Off button/switch is located on the keyboard. Activating Emergency Off will disable the following systems: RF, Gradient Power Supply, Magnet Room Unit, and Table and Patient Support. The Emergency Off button DOES NOT turn off the magnetic field. It only turns off electrical power to equipment in magnet room.

The Emergency Off button/switch should only be used under the following conditions:

1. Forces due to the static magnetic field that are causing patient or personal injury requiring an immediate shutdown of the magnetic field.
2. Fire or other unexpected occurrence that demands immediate action and entry to the MRI system room by emergency personnel.
3. Any other situation that would require immediate relief from the static magnetic field effect as an alternative to the normal, controlled "ramp-down" of the magnetic field.

When a condition occurs that the magnet is shut down, re-booting of the system can only be done by a qualified service engineer dispatched by the manufacturer to the site, or designated technologist on site.

### Emergency Magnet Run Down (Quench)

The magnetic field should be promptly quenched (removed) in the case of an urgent need by pressing the Emergency Run-Down button. One such urgent case is that a person is pinned between the magnet and a ferromagnetic object that cannot be removed without risking injury. Remove the person from the MRI system room immediately upon quenching the magnet of the MRI system.

On some MRI scanners, an Emergency Magnet Run-Down (Quench) button/switch may be located inside or outside of the Magnet Room. Consult the equipment manual or vendor regarding each individual scanner.

Initiating a rundown will cause rapid reduction of the magnetic field in about two minutes. The boil-off of cryogens is accompanied by loud hissing sound. An emergency run down will result in several days of down time to replace the cryogens and should only be used for static magnetic field emergencies, such as a person or object pinned against the MRI system magnet.

## SCANNING PROTOCOLS

### Purpose

To ensure that MRI protocols are designed specifically to optimize visualization of pathologic processes and take full advantage of the capabilities of the scanner in use.

### Guideline

Imaging protocols will share common attributes throughout the Company, but may vary from site to site because of equipment variances. It is important that scanning protocols be designed specifically to optimize visualization of pathologic processes while taking full advantage of the capabilities of the scanner in use.

Each imaging center shall maintain their equipment specific imaging protocols in a separate location from this manual. These protocols provide clear instructions that describe how a technologist performs each type of examination.

## MRI QUALITY CONTROL

### Purpose/Objectives

All RadNet centers are to follow the ACR accreditation program recommendations for Quality Control. The goal is to establish performance standards to promote production of high-quality diagnostic MRI images that are consistent with the clinical use of MRI equipment and with the clinical objectives of examinations.

### Qualifications and Responsibilities of MRI Physicists

The personnel qualified to carry out acceptance testing and monitoring of MRI equipment for the purposes of the American College of Radiology (ACR) standards include a Qualified Medical Physicist or a Qualified MRI Scientist. The ACR considers certification and continuing education and experience in the appropriate field to demonstrate that an individual is competent to practice medical physics and to be a Qualified Medical Physicist. The Physicist should meet the ACR Practice Guideline for Continuing Medical Education.

The Physicist may be assisted in obtaining test data for performance monitoring by other properly trained individuals. The Physicist must review and approve all measurements.

### Performance Evaluation

The performance of each MRI unit should be evaluated at least annually. This evaluation should include, but not be limited to, the following tests:

1. Magnetic field homogeneity
2. Slice position accuracy
3. Slice thickness accuracy
4. Radiofrequency (RF) calibration for all coils
    i. Frequency and gain/attenuator verification (prescan values)
    ii. Image signal-to-noise radio (SNR) for all coils
    iii. Intensity uniformity for all volume coils
    iv. Phase stability and image artifact assessment for all coils
5. Softcopy (monitor) fidelity
6. Evaluation of quality control (QC) program

The annual performance evaluation must also include an assessment of the MRI safety program (signage, access control, screening procedures, and cryogen safety) as well as an inspection of the physical and mechanical integrity of the system.

The ACR realizes that surveys cannot usually be scheduled exactly on the anniversary date of the previous survey. Therefore, a period of up to 14 months between surveys is acceptable.

**Quality Control Program**

All MRI facilities applying for accreditation must maintain a documented quality control (QC) program and must comply with the minimum frequencies of testing recommended by the ACR. The program should be established with the assistance of a Medical Physicist or MRI Scientist. The ongoing QC program assesses relative changes in system performance as determined by the technologist, service engineer, qualified medical physicist, or supervising physician. The medical physicist must have the responsibility for overseeing the equipment quality control program and for monitoring performance upon installation and annually thereafter.

The minimum number of tests and testing frequency should include, but not be limited to, those specified by the ACR MRI Quality Control Manual. The Physicist may choose to increase the frequency of testing based on the facility and MRI usage.

The QC program should include, but not be limited to, the following:

| **Technologist's Weekly QC Tests** | **Physicist's Annual QC Tests** |
|---|---|
| ✧ **Center Frequency** with Tolerance Range provided by Physicist<br>✧ **Geometric Accuracy** for Sagittal Localizer Tolerance Range provided by Physicist<br>✧ **Geometric Accuracy** for Axial Slice Number 5 Range provided by Physicist<br>✧ **Transmitter Gain**<br>✧ **High-Contrast Spatial Resolution** Tolerance Range provided by physicist<br>✧ **Low-Contrast Resolution (Object Detectability)** Tolerance Range provided by Physicist<br>✧ **Artifact Analysis/Assessment** – Physicist typically orients the technologist to look for specific artifacts<br>✧ **SMPTE Pattern Evaluation** – Visual monitor evaluation to look for density variation and spatial resolution evaluation of the line pairs – This is set up by the physicist<br>✧ **Density Evaluation of Printer** (If center prints films) - Print the SMPTE pattern and take density values with tolerance range assigned by the physicist<br>✧ **Breast Coil QC** to ensure that the coils are functioning without artifact and are within established S&R tolerance range | ✧ **Geometric Accuracy** for ACR Sagittal Localizer, T1 and T2 phantom image acquisitions<br>✧ **Slice Position Accuracy** for ACR T1 and T2 phantom image acquisitions<br>✧ **Slice Thickness Accuracy** for ACR T1 and T2 phantom image acquisitions<br>✧ **Magnetic Field Homogeneity** Pixel Intensity and Uniformity for ACR T1 and T2 phantom image acquisitions<br>✧ **Ghosting Evaluation** for ACR T1 phantom image acquisition<br>✧ **Artifact Evaluation** for ACR T1 and T2 image acquisitions<br>✧ **Low Contrast Object Detectability** for ACR T1 and T2 and site T1 and T2 routine head protocols<br>✧ **Soft-Copy Display Fidelity (monitors)** Display Monitor Densitometry and Calibrations<br>✧ **Printer Densitometry and Calibration** Tolerance Range Evaluation<br>✧ **Set up Technologist Weekly ACR Phantom QA and Tolerance Range**<br>✧ **Weekly QC Evaluation** Review and evaluate Technologist QC performance<br>✧ **Radiofrequency Coil Checks** Test all available coils for SMR values and cross reference to manufacturer pass/fail criteria |
| **Technologist's Monthly QC Tests** | |
| ✧ **Monthly Display Monitor Visual Check** | |
| **Technologist's Bi-Annual QC Tests** | **Technologist/Physicist Annual QC Tests** |
| ✧ **Padding QC** – Visual inspection of all pads | ✧ **Coil Signal to Noise Evaluation** |

For those systems with magnetic resonance spectroscopy (MRS) capabilities, establishment of an MRS quality control program should be considered. Water and metabolic peak areas, full width at half maximum, baseline noise, and volume-of-interest accuracy should be assessed.

If any QC parameter being monitored falls outside of the control limits, corrective action should be taken. The Physicist should be available to assist in prescribing corrective actions for unresolved problems.

**Archiving QC Image Results**

For quality assurance purposes, all QC images performed electronically, including phantom images, must be backed up electronically, such as on a CD, for long-term storage. These images should not be deleted unless instructed to do so by the physicist.

**Monthly Display Monitor Visual Check**

On a monthly basis, a visual inspection of the MRI display monitor shall be documented on the MRI Monthly Display Monitor QC Checklist.

- Display the SMPTE Pattern
- WW and WL levels are set and should not be changed.

Evaluation

1. You will see two boxes towards the center lower half of the SMPTE pattern.
   a) Is the 0% - 5% contrast box is it discernible? Yes or No
   b) Is the 95% - 100% contrast box is it discernible? Yes or No
2. Look at the gray scale level steps – Is it discernible? Yes or No
3. Look at the alphanumerics on the SMPTE - Are they discernible? Yes or No
4. Look at the high contrast pattern and line pairs at the center and four corners of the SMPTE Are they distinct and visible? Yes or No
5. Look at the low contrast pattern and line pairs at the center and four corners of the SMPTE Are they distinct and visible? Yes or No
6. Look at the SMPTE overall - Are there any artifacts on the image? Yes or No

Results

1 through 5 above should be Yes. 6 above should be No. If otherwise, call service. It is highly likely the monitor needs to be replaced.

**Padding Quality Control**

On a bi-annual basis (twice a year), a visual inspection of the MRI Positioning Pads and MRI Coil Pads shall be documented on the Bi-Annual MRI Positioning Pad and Coil Pad QC Log. Padding should be clean and in good repair. If any defects are noticed, these should be reported immediately to the Imaging Center Manager and the MRI Modality Specialist.

The following information shall be documented:

1. Date of inspection
2. Pad type – positioning pad vs. coil pad
3. Pad number or description
4. Remarks from visual inspection
5. Repairs needed (if applicable)
6. Action Taken (if applicable)

The Bi-Annual MRI Positioning Pads and MRI Coil Pads QC Log is maintained in the online QA Tracker. A hard copy of the log is available in the forms section of this manual for centers that wish to have written documentation prior to entering bi-annual data into the online QA Tracker.

**Written Survey Reports and Follow-up Procedures**

The Physicist shall provide a written report of the findings of acceptance testing and performance evaluation to responsible physician(s) and to the professional(s) responsible for servicing of the MRI equipment. Written reports shall be provided in a timely manner consistent with the importance of any adverse findings.

If use of the equipment poses imminent danger to patients or staff, the Physicist must take immediate action to preclude use of the equipment.

**Acceptance Testing**

Acceptance testing is intended to measure quantifiable system parameters, which may then be compared to the manufacturer's specifications. A complete evaluation of the system performance should be performed by a Qualified Medical Physiciast or Medical Scientist after completion of the installations and prior to patient imaging.

This testing or oversight of testing should be more comprehensive than periodic performance testing and should be consistent with current acceptance testing practices. The acceptance testing protocol should include an evaluation of all coils.

**Preventive Maintenance**

Preventive maintenance shall be scheduled, performed and documented by a qualified service engineer on a regular basis. Service performed to correct system deficiencies shall also be documented and service records maintained by the MRI site.

**Daily Issues Log**

Issues with the MRI scanner and equipment are to be documented on a daily log as well as reported to the Imaging Center Manager and MRI Modality Specialist as soon as they are noticed. Maintaining such a log ensures staff working subsequent shifts and staff who are rotating from other offices are aware of any such issues.

If a vendor log is provided for documenting equipment issues, centers may continue to use the vendor log. It is noted that some vendors recommend using a bound composition book to document equipment issues.

If a center has not previously documented equipment issues in this manner, a Daily Issues Log has been created for such documentation.

The following information should be documented:

1. Date
2. Equipment type having issue
3. Details of the Issue
4. Repairs needed
5. Who this was reported to
6. Action taken
7. Date of service or replacement

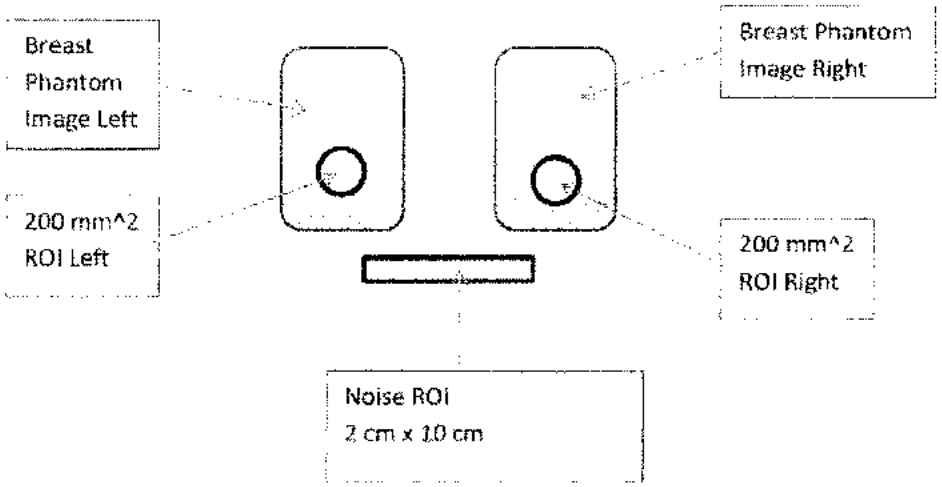
A hard copy of the log is available in the forms section of this manual.

**Breast Coil QC**

Breast Coil QC is to be performed on MRI breast coils to ensure the production of high quality imaging by evaluating whether the MRI scanner and coil used for breast imaging are performing consistently over time. MRI Technologists are to perform the following QC procedures according to the time frame determined by their regional physicist.

1. **Coil Inspection:** Visually inspect coil, cables, cable insulation, ports and connections for damage. Any damage could present a safety issue or result in low SNR or image artifacts.
2. **Artifact Evaluation:** Evaluate image acquired using the attached coil QC protocol. If any artifact is present, immediately contact your Health Physicist.
3. **Note:** Note any error message that occurs during scanning.
4. **Uniformity:** Follow described procedure to record min/max signal intensity within small ROI.
5. **Make sure that you are:**
   a. Consistent with phantom positioning within the breast coil.
   b. Are using the same identical phantom QC protocol below.
   c. Record center frequency and transmit gain.
   d. Use identical measurement method with exact ROI positioning.
6. **Weekly Scanning Parameter Bilateral Imaging Mode:**
   a. TR/TE: 200 ms / 15 ms
   b. Slice Thickness/Spacing: 5 mm / 5 mm
   c. FOV: 35 cm x 35 cm
   d. Matrix: 256 x 256
   e. Phase Wrap: None
   f. Number of Slices: 1
   g. Plane: Axial
   h. Phase Encode: L-R
   i. Frequency Direction: A/P
   j. NEX: 1
   k. Gradient Mode: Whole Body
   l. Pulse Sequence: Spin Echo
   m. Mode: 2D
   n. Imaging Options: None
   o. SNR: Both
7. **Measurement:** Place a circular ROI 200 mm^2 on the same location for bilateral acquired phantom images and a rectangular Noise ROI (2 cm x 10 cm) outside of the phantom images.

   See diagram on next page regarding layout




Signal ROI Left: A
Signal ROI Right: B
Standard Deviation Noise: C
SNR Calculation: { [(A+B) / 2] / C } > 800
Results: The SNR should be at least 800

8. **Visual Artifact Evaluation:** Magnify by 2X, Window level and look for artifact.

9. **Documentation:** Complete the Weekly MRI Breast Coil QC form. (Sample form below)

## Sample Weekly Breast Coil Quality Control Form

A printable copy of the log is available in the Radnet Applications Document Library

RadNet

**MRI BREAST COIL QUALITY CONTROL LOG**
**SCHEDULE TO BE DETERMINED BY THE RESIDENT PHYSICIST**

Center Name: _____ BMRAP: _____

Date: _____ CF: _____ TG: _____

**Coil Evaluation**

| | | |
|---|---|---|
| Visual inspection coil overall: | ☐ Pass | ☐ Fail |
| Visual inspection coil cables: | ☐ Pass | ☐ Fail |
| Visual inspection coil insulation: | ☐ Pass | ☐ Fail |
| Visual inspection coil port/connectors: | ☐ Pass | ☐ Fail |

**Phantom Evaluation**

| | | |
|---|---|---|
| Left phantom image artifact present: | ☐ Yes | ☐ No |
| Right phantom image artifact present: | ☐ Yes | ☐ No |

Signal ROI Left: _____

Signal ROI Right: _____

Standard Deviation Noise: _____

Calculated SNR: _____

| | | |
|---|---|---|
| Health Physicist Contacted: | ☐ Yes | ☐ No |

Performing Technologist Name: _____

## Sample Monthly Display Monitor Checklist Quality Control Form

A printable copy of the log is available in the Radnet Applications Document Library

Facility Name: _____ Scanner Name: _____

Month: _____ Year: _____

| MRI Monthly Display Monitor QC Checklist | | | | |
|---|---|---|---|---|
| SMPTE PATTERN | 0%-5% contrast is discernible | ☐ Yes | ☐ No | If No, call service |
| | 95%-100% contrast is discernible | ☐ Yes | ☐ No | If No, call service |
| | Distinct gray level steps | ☐ Yes | ☐ No | If No, call service |
| | Alphanumerics discernible | ☐ Yes | ☐ No | If No, call service |
| | High contrast patterns visible | ☐ Yes | ☐ No | If No, call service |
| | Low contrast patterns visible | ☐ Yes | ☐ No | If No, call service |
| | Artifacts are visible | ☐ Yes | ☐ No | If Yes, call service |
| Window: | | Level: | | |
| **Monthly Large Artifact Check** | | | | |
| If available, scan manufacturer's large phantom | | ☐ N/A No phantom available | | |
| Artifacts: | | | | |
| **QC Performed** | | | | |
| Date of Monthly QC | | Initials: | | |
| **QC Reviewed by Physicist** | | | | |
| | | | | |
| Qualified Medical Physicist Reviewer | | Date of Review | | |

**MRI.POL.007**
**MRI Manual / Regulatory Affairs**
**Original Effective Date: August 1, 2010**
**Effective Date: March 1, 2018**

## CLAUSTROPHOBIA, ANXIETY AND ANXIOLYSIS

### Purpose

To establish guidelines to be followed for patients who require an anxiolytic agent for the purpose of completing an examination or procedure.

### Definitions

**Light Analgesia (Anxiolysis - ăng'zē-ō-lī-sis)** is defined by the Joint Commission and the American Society of Anesthesiologists (ASA) as "the administration of oral medications for the reduction of anxiety" and "a drug-induced state during which the patient responds normally to verbal commands". The ASA states further that "although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected".

Patients receiving a single dose of a medication to produce light analgesia should be observed long enough to check their response to the medication. If the patient does not enter a state of moderate sedation, he or she does not need to be continuously observed as with moderate or deep sedation.

### Important

Regardless of the intended level of sedation or route of drug administration, the sedation of a patient represents a continuum that may result in the loss of the patient's protective reflexes. All sedated patients should be observed and treated appropriately regardless of the intended level of sedation. The personnel and equipment considered appropriate for observation depend on the patient's acuity level and potential response to the procedure or intervention proposed.

NOTE: It is recommended by Radnet Management, Inc. that centers administering medications that induce moderate or deep sedation refer to the Radnet Sedation and Anesthesia Services Guideline.

**The patient's signature must be obtained on the Post-Anxiolysis Patient Instructions form prior to self-administration or center-administration of an anxiolytic agent.**

**Note:** If the patient cannot complete the exam/procedure, the exam shall be cancelled and the referring physician is to be notified.

### Prescribing Anxiolytic Medication

Patients that need an anxiolytic agent for the purpose of completing an examination or procedure may obtain the medication in one of two ways:

A. Medication Prescribed by the Referring Physician (Radnet Preferred Method)
The advantage to referring physicians ordering the anxiolytic medication is their knowledge of the patient's history, including other medications the patient may be taking, and knowledge of the patient's overall health.

B. Medication Prescribed by the Radiologist/Physician at the Imaging Center
The advantage to dispensing medication on-site is that we have control over what and how much medication the patient takes. The decision to administer center-provided anxiolysis must be determined by the physicians of the regional / local medical practice.

**Scheduling Patients for Anxiolysis**

Patients requiring or requesting anxiolysis should be identified at the time of scheduling.

- If an exam or procedure requires anxiolysis as part of the protocol, follow the guidelines in this policy.
- MRI patients sometimes utilize anxiolytic medications because of claustrophobia. At the time of scheduling MRI exams:
  1. Ask MRI patients if they are claustrophobic. If yes:
  2. Advise the patient to contact his/her referring physician to obtain a prescription for a mild anxiolytic medication.
  3. Tell the patient to NOT take this medication prior to arriving for their appointment. It is important they complete all of their paperwork and we review their medical history before they take this medication.
  4. Advise the patient to arrive one (1) hour prior to their scheduled exam time to complete paperwork; Then they will be given water to take their anxiolysis medication so that it has time to take effect before their exam.
  5. Because these patients will be connected to a pulse oximeter, advise these patients to remove nail polish from their index fingers. (Note: this is standard procedure in many hospitals when patients are monitored via pulse ox.)
  6. Also advise these patients to come with a driver who will take them home.

**NOTE:** Sometimes patients will arrive at the center already self-medicated. We may or may not know these patients have taken an anxiolytic medication. If you are made aware the patient is medicated, follow the recommended guidelines for these patients.

**Screening Patients Prior to Administering Anxiolysis**

**NOTE:** All patients scheduled for anxiolysis (self-administered or center-administered) should be screened via a documented medical history for the presence of risk factors that may increase the likelihood of an adverse effect.

**The technologist or nurse may document the patient's history and should immediately notify the radiologist of any concerns or contraindications. Anxiolysis is contraindicated for the following:**

- **Valium Allergy**
- **Severe Emphysema**
- **Renal Failure**
- **Same Day Alcohol Consumption**
- **Severe Liver Disease**
- **Pregnancy**
- **Presently taking anti-depressant or anti-psychotic medication**

**NOTE:** Patients will not receive anxiolysis medication after arriving at the center (self-administered or center-administered) unless they have someone to drive them home. Any patient who insists on driving a vehicle under the influence of anxiolytic medication is to sign the Leaving Against Medical Advice form. If the patient refuses to sign the form and insists on driving, document this on the form.

**Anxiolysis Guidelines for Patients Who Are Scheduled to Self-Medicate After Arrival**

1. Patients who are known at time of scheduling to be self-medicating should be asked to arrive at the center no less than one (1) hour prior to their scheduled appointment time with a driver and to bring their anxiolysis medication with them so they can take it after completing all paperwork.
2. These forms must be signed prior to the patient self-administering any anxiolytic medication:
   - Patient registration documents
   - Patient History and Screening forms
   - Contrast Consent and/or Procedure Consent forms (as appropriate)
   - Anxiolysis Medication Record and Consent form
   - Post-Anxiolysis Patient Instructions form
3. The technologist or nurse should complete the Anxiolysis Medication Record and Consent form and inform the radiologist immediately if there are any concerns or contraindications prior to the patient self-medicating.
   NOTE: If the patient indicates he/she has already administered any type anxiolytic or sedative type of medication prior to arriving, notify the radiologist/physician prior to allowing the patient to self-medicate on-site.
4. The technologist or nurse should also document the name and dosage of the referring physician prescribed medication, time taken, as well as the prescribing physician's name in the Anxiolysis Medication Order section of the form.
   NOTE: Any repeat and/or additional center-administered anxiolytic medications must be ordered and signed for by the on-site radiologist/physician.
5. Because the patient will be connected to a pulse oximeter, the patient should have been advised at the time of scheduling to remove nail polish from their index fingers. (Note: This is standard procedure in many hospitals when patients are monitored via pulse ox.) Follow the manufacturer guidelines for your center's specific pulse oximeter regarding nail polish.
6. Once paperwork is completed and any concerns are addressed, the technologist or nurse, under the guidance of the on-site physician, may provide the patient with a cup of water to self-administer the referring-physician prescribed anxiolytic medication. Advise the patient on where to wait for his/her exam/procedure time. NOTE: Some states only allow a physician to "administer" the medication. Follow your State and Local guidelines.
7. Self-medicated patients must be observed during the exam to ensure they remain stable. Maintain visual and verbal communication throughout the exam and position the pulse oximeter in a location that can be viewed through the control room window.
   - A fit healthy young person typically has an oxygen saturation of 95% to 99%.
   - Visually observe the pulse oximeter readings throughout the exam.
   - Document pulse ox readings on the Anxiolysis Medication Record and Consent Form at the beginning of the exam, approximately mid-exam, and at the end of the exam.
   - Immediately notify the on-site physician if the pulse ox reading begins to drop at any point during the exam.
   - Document the name and title of the person who observed the patient.
8. Prior to discharge, the patient should meet the following Discharge Criteria:
   - ☐ Patient is alert ☐ Steady when standing ☐ Can ambulate with assistance
   - Wheelchair patients: ☐ Patient is alert
9. Provide the patient a copy of the signed Post-Anxiolysis Patient Instructions before leaving under the care of a designated driver. Any patient who insists on driving a vehicle under the influence of anxiolytic medication is to sign the Leaving Against Medical Advice form.

**Anxiolysis Guidelines for Patients Who Self-Medicated Prior to Arrival**

1. Patients who arrive at the center and are discovered to have self-medicated prior to arrival should receive their exam/procedure as scheduled.
2. These forms must be signed: (Complete the paperwork even though the patient has already self-medicated.)
   - Patient registration documents
   - Patient History and Screening forms
   - Any necessary Contrast Consent and/or Procedure Consent forms
   - Anxiolysis Medication Record and Consent form
   - Post-Anxiolysis Patient Instructions form
3. The technologist or nurse should document the patient's medical history on the Anxiolysis Medication Record and Consent form and inform the radiologist immediately if there are any concerns or contraindications prior to starting the exam/procedure.
4. The technologist or nurse should also document the name of the referring physician prescribed medication, as well as the prescribing physician's name in the Anxiolysis Medication Order section of the form. Document the amount of anxiolytic medication the patient says they have taken and time the patient says they took the medication prior to arriving at the center.
   NOTE: Any repeat self-administration and/or additional center-administered anxiolytic medications must be ordered and signed for by the on-site radiologist/physician.
5. Follow the manufacturer guidelines for your center's specific pulse oximeter regarding the removal of nail polish.
6. Self-medicated patients must be observed during the exam to ensure they remain stable. Maintain visual and verbal communication throughout the exam and position the pulse oximeter in a location that can be viewed through the control room window.
   - A fit healthy young person typically has an oxygen saturation of 95% to 99%.
   - Visually observe the pulse oximeter readings throughout the exam.
   - Document pulse ox readings on the Anxiolysis Medication Record and Consent Form at the beginning of the exam, approximately mid-exam, and at the end of the exam.
   - Immediately notify the on-site physician if the pulse ox reading begins to drop at any point during the exam.
   - Document the name and title of the person who observed the patient.
7. Prior to discharge, the patient should meet the following Discharge Criteria:
   - ☐ Patient is alert ☐ Steady when standing ☐ Can ambulate with assistance
   - Wheelchair patients: ☐ Patient is alert
8. Provide the patient a copy of the signed Post-Anxiolysis Patient Instructions before leaving under the care of a designated driver. Any patient who insists on driving a vehicle under the influence of anxiolytic medication is to sign the Leaving Against Medical Advice form.

**Anxiolysis Administration Guidelines for Center-Medicated Patients**

**The decision for a center to purchase and administer anxiolytic medications on-site must be made by the medical group (physicians) of the local practice region. The guidelines below are suggested, however, it is up to the discretion of regional medical directors to have a written protocol in place if they choose to deviate from the guidelines below.**

1. Patients scheduled to receive anxiolytic medication from the imaging center should be asked to arrive at the center no less than 1 hour prior to their scheduled appointment time with a driver. Patients should not be self-medicated prior to receiving other anxiolytic medications the center will be administering.
2. These forms must be signed prior to the patient receiving anxiolytic medication:
   - Patient registration documents
   - Patient History and Screening forms
   - Any necessary Contrast Consent and/or Procedure Consent forms
   - Anxiolysis Medication Record and Consent form
   - Post-Anxiolysis Patient Instructions form
3. The technologist or nurse should complete the Anxiolysis Medication Record and Consent form and inform the radiologist immediately if there are any concerns or contraindications prior to administering anxiolytic medication.
4. The on-site radiologist/physician must prescribe the type and amount of anxiolytic medication to be administered. Check the box "Ordered for center-administration by on-site physician" in the Anxiolysis Medication Order section of the Anxiolysis Medication Record and Consent form. Enter the medication name and dosage, check oral or IV, and the time administered. Have the on-site radiologist/physician sign the medication order.
   NOTE: Any repeat and/or additional anxiolytic medications must also be ordered and signed for by the on-site physician.
5. Because the patient will be connected to a pulse oximeter, the patient should have been advised at the time of scheduling to remove nail polish from their index fingers. (Note: This is standard procedure in many hospitals when patients are monitored via pulse ox.) Follow the manufacturer guidelines for your center's specific pulse oximeter regarding nail polish.
6. Once approved for center-administration, and any concerns are addressed, the technologist or nurse, under the guidance of the on-site physician, may provide the patient with a cup of water to take oral anxiolytic medication. Advise the patient on where to wait for his/her exam/procedure time. NOTE: Some states only allow a physician to "administer" the medication. Follow your State and Local guidelines.
7. Center-medicated patients must be observed during the exam to ensure they remain stable. Maintain visual and verbal communication throughout the exam and position the pulse oximeter in a location that can be viewed through the control room window.
   - A fit healthy young person typically has an oxygen saturation of 95% to 99%.
   - Visually observe the pulse oximeter readings throughout the exam.
   - Document pulse ox readings on the Anxiolysis Medication Record and Consent Form at the beginning of the exam, approximately mid-exam, and at the end of the exam.
   - Immediately notify the on-site physician if the pulse ox reading begins to drop at any point during the exam.
   - Document the name and title of the person who observed the patient.
8. Prior to discharge, the patient should meet the following Discharge Criteria:
   - ☐ Patient is alert ☐ Steady when standing ☐ Can ambulate with assistance.
   - Wheelchair patients: ☐ Patient is alert

9. Provide the patient a copy of the signed Post-Anxiolysis Patient Instructions before leaving under the care of a designated driver. Any patient who insists on driving a vehicle under the influence of anxiolytic medication is to sign the Leaving Against Medical Advice form.

**Post-Anxiolysis Patient Instructions**

All patients that received anxiolysis medication, whether prescribed by the referring physician or the on-site physician, must be released with a driver. Any patient who insists on driving a vehicle under the influence of anxiolytic medication is to sign the Leaving Against Medical Advice form.

1. Notify the radiologist/physician immediately if there are any concerns.
   a. Ambulatory patients must be alert, steady when standing, and able to ambulate with assistance.
   b. Wheelchair patients must be alert.
2. There must be a responsible adult driver for transportation.
3. Verbally review discharge instructions with the patient and responsible adult driver.
4. A copy of the signed Post-Anxiolysis Patient Instructions is to be given to the patient.

**Adverse Events**

1. Personnel will immediately notify the supervising physician of any significant change in the patient's clinical status.
2. Any adverse events shall be documented in an incident report.

**Anxiolysis Forms**

- Anxiolysis Medication Record and Consent form
- Post-Anxiolysis Patient Instructions
- Leaving Against Medical Advice form
- Medication Inventory Log (for centers that provide anxiolysis medication)

NOTE: All forms needing patient signatures must be signed by the patient prior to taking anxiolytic medication on-site.

NOTE: All forms for patients under age 18 requiring parent signatures must be signed by the parent or legal guardian. Refer to the "Exams on Minors" policy.

**Training and Policy Acknowledgement**

The "Anxiolysis Policy Guidelines" Policy Acknowledgement is to be completed by the following employees and affiliated radiologists:

- Radiologists
- ALL Imaging Center Managers and Staff
- ALL Call Center Managers and Staff

"Pulse Oximetry and Oxygen Transport Training" is to be completed by the following employees and affiliated radiologists:

- Radiologists and RPA's/Physician Assistants
- RN's
- Imaging Center Managers
- Technologists in all imaging modalities
- Technologist Assistants

## NARCOTICS AND CONTROLLED SUBSTANCES

### Guideline

Federal regulations strictly control the ordering and shipping of controlled substances. Schedule II controlled substances (Morphine, Demerol, Fentanyl, etc.) require a Federal DEA certificate. Requests for controlled medications for the center must be initiated through the Company's Purchasing Department under the direct order of the center's Medical Director's Drug Enforcement Agency (DEA) certificate.

### Procedure

1. Narcotics for anxiolysis are to be maintained in a double-locked medication safe/cabinet. The safe/cabinet shall be locked at all times with two different keys and secured in a manner that it cannot be removed from the facility.

2. The Site Manager will be ultimately responsible for the keys for the medication safe/cabinet.
   a. The Medical Director or their designated representative (in cases where the Medical Director is not always on-site during business hours) and the Site Manager or Modality Technical Supervisor will have the keys to these cabinets.
   b. At the end of each day, the keys shall be returned to a designated secure area.
   c. At no time shall any staff member have access to both keys without the express consent of both key holders.

3. All anxiolytic medications shall be logged upon receipt on the **Sedation Medication Inventory Log**.
   a. Log entries must be maintained in a bound book.
   b. Pages may not be added to or removed from this book.
   c. Errors should be crossed out with a line and initialed by the person who struck the incorrect entry. Do not use white out.

   A separate log shall be maintained for each type of medication. This log shall contain the following:
   a. Patient Name and Medical Record Number
   b. Date
   c. Name and Lot # of Medication Given
   d. Amount of Medication given
   e. Ordering Physician's Signature
   f. New Count (amount of medication remaining in the safe)
   g. Dual Access Initials of the two persons verifying the removal of the medication
   h. Expired Meds MD Verified – signature of physician that verified the disposal

4. The Technical Supervisor/Site Manager will log and check all medications and Medication Inventory Logs regularly to ensure ongoing compliance and order any medications needed.

5. Medications that are outdated, discontinued, and deteriorated will be disposed of. All expired medications should be noted in the Medication Inventory Log. A radiologist must sign the log in the Expired Meds MD Verified column.

6. The process of expiring narcotics must be documented and witnessed by two healthcare personnel and documented on the Sedation Medication Inventory Log.

7. In accordance with Federal regulations, controlled substances can only ship to the address shown on the radiologist's Drug and Enforcement Agency (DEA) certificate.

8. Invoices for all purchased medications will be kept on file for future auditing requirements.

**Storage of Crash Cart Medications and Injection Supplies**

All crash cart medications and injection supplies will be stored in a **locked cabinet or locked case/box**.

- A list of contents shall be posted on the outside of the crash cart/box.

- Missing supplies will be reported to the Site Manager, Regional Manager and QA Director immediately and documented on an Incident Report Form.

**Storage of Contrast Agents and Injection Supplies**

All contrast agents, imaging related medications, needles, and associated injection supplies will be stored in a **locked cabinet or locked drawer**.

All multi-dose contrast solutions that have been opened must be labeled as to:
- Date opened
- Time opened
- Initials of person who opened the container

**Incident Reporting**

An incident report and investigation will be made if:
- A wrong dose or incorrect medication is given.
- The wrong patient is given the medication.
- Medication is dispensed without the direct orders of a physician.
- Medication given is not logged or documented.
- Any adverse effects are noted after receiving medication.
- The narcotics record does not match inventory.
- Medications are missing or stolen.

**MRI.POL.007**
**MRI Manual / Regulatory Affairs**
**Original Effective Date: August 1, 2010**
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## MRI PATIENTS AND GADOLINIUM CONTRAST

### Purpose

1. To assure that the administration of contrast is appropriate for the patient and the medical necessity indicated for the procedure.
2. To minimize the likelihood of a contrast reaction and be prepared should a reaction occur.

Achieving these aims depends on obtaining an appropriate and adequate history, preparing the patient appropriately for the examination, having equipment available to treat reactions, and ensuring that expertise sufficient to treat even the most severe reaction is readily at hand.

Contrast media is a drug per FDA definitions. It is administered based upon:

- A physician's order, or
- A protocol approved by the Medical Staff.

### MRI Exam Scheduling Process

The history obtained during scheduling and just prior to an exam should focus on identification of factors that may indicate either a contraindication to contrast media use or an increased likelihood of a contrast reaction.

**When scheduling a patient for a CONTRAST MRI procedure**, the person scheduling the exam must screen the patient using the following questions.

**NOTE:** The technologist should be notified immediately of any Yes responses to all Questions below so appropriate steps can be taken prior to the patient's appointment.

1. Have you ever had a reaction to gadolinium contrast or iodinated contrast media?
2. Are you or is there any chance you are pregnant?
3. Are you currently on renal dialysis?

**ONLY FOR PATIENTS RECEIVING EOVIST OR OTHER GROUP I OR III CONTRAST**

ADDITIONAL SCREENING MUST BE PERFORMED ONLY WHEN USING GROUP I & III AGENTS, SUCH AS EOVIST

4. Have you ever had any of the following:
   a. Kidney surgery or a kidney transplant?
   b. Single kidney?
   c. Renal cancer?
5. Do you have hypertension that requires medication?
6. Are you diabetic?

**For Yes responses to Questions 4 through 6, eGFR evaluation is required as follows:**

| Patient Condition | eGFR Requirement for Patients Receiving Eovist Contrast |
|---|---|
| Patient on dialysis (any type) | No eGFR required, but follow-up dialysis must be scheduled. |
| Inpatient | Obtain eGFR within 2 days of the MRI contrast exam. |
| Outpatient with risk factors that has no prior eGFR | Obtain eGFR within 2 days of the MRI contrast exam. |
| Outpatient with most recent prior eGFR of 45 or above | If No risk factor and eGFR is ≥60, no new eGFR required.<br>With risk factor and/or eGFR is 45-59 within 6 weeks of exam, no new eGFR is required; Otherwise obtain a new eGFR. |
| Outpatient with most recent prior eGFR of 44 or below | Obtain eGFR within 2 days of the MRI contrast exam. |

## CONTRAST ADMINISTRATION PROTOCOL

### Guideline

1. As a rule, manufacturer standard patient dosing guidelines should be adhered to. Recommended standard dosing administered as an intravenous bolus injection at a flow rate of approximately 2 mL/second for adults and 1-2 mL/second for pediatric patients:
   - Dotarem: 0.2 mL/kg (0.1 mmol/kg) body weight.
   - Eovist: 0.1 mL/kg (0.025 mmol/kg) body weight

   The rationale for any consistent application-based variation from standard dosing should be delineated in local policy.
2. All contrast procedures shall be scheduled during times a physician is present in the office.
3. All patients will be screened for contraindications to contrast media.
4. Specific consent is required for the administration of contrast media. It is the responsibility of the technologist and/or radiologist to ensure that all necessary screening and consenting is obtained prior to the procedure. All patients must read and sign the consent form for IV contrast after having any questions addressed by the technologist or radiologist.
5. A licensed physician must be in the center and readily available when any contrast injection is being performed.
6. The technologist shall stay in close proximity to the patient until the injection is complete and the patient is removed from the scanning room.
7. If at any time during the injection of contrast a patient experiences any symptoms that are out of the ordinary, such as new onset of coughing, choking, shortness of breath, chest pain or itching, the physician will be immediately called into the room to evaluate the patient.

### Procedure

1. Verify patient identification. Ask the patient to state his or her full name, date of birth and exam they are here for.
   a. Identify first hand with the patient when possible;
   b. Identify with the guardian, caregiver or translator if patient is unable to communicate;
   c. View the patient's ID card or in-patient bracelet (where applicable).
2. Check the clinical history of each patient; verify any prior iodine sensitivity or previous reactions during X-ray, CT or MRI procedures.
3. Check for proper contrast media and quantity, and ensure the contrast is not expired.
4. Notify the radiologist upon administration of contrast.
   a. During administration of the contrast agent and throughout the exam, observe for any systemic reactions. If a contrast reaction is suspected, immediately call the radiologist and seek additional assistance.

### Special Considerations for Contrast Administration

Prior to the administration of contrast media, the technologist should:

1. Know the location of the emergency equipment and crash cart.
2. Know emergency procedures. Direct patient care staff are required to be CPR certified.
3. Know how to call 911.
4. Have a blood pressure cuff and stethoscope readily available.
5. If the patient is in renal failure or has a history of renal failure, notify the radiologist prior to administering the contrast and beginning the procedure.

## PATIENT PREPARATION

### Guideline

The patient's medication and medical history will be reviewed prior to any contrast exam.

### Procedure

### History

1. Verify the patient's **identity**. Ask the patient to state his or her full name, date of birth and exam they are here for. Always attempt to obtain identity directly from the patient. Confer with a guardian, caregiver or translator only when the patient cannot communicate on his or her own.

2. A patient's **medication** and **medical history** will be reviewed prior to any contrast exam.

   - Inpatients: The patient's medical chart is reviewed.
   - Outpatients: Document the patient's medication (if any).
   - The technologist reviews the patient's medications, medical history and labs (if applicable). If any concerns are identified, the Radiologist must be notified.
   - Verify with the patient and on the exam order regarding the body part and laterality to be scanned.

3. A women's **pregnancy status** is assessed and documented. **Breast-feeding status** is assessed and documented. Refer to the breastfeeding guideline in this manual.

4. Note any **food or medication allergies.**

5. Review the **type and amount of contrast** to be administered.

6. If a patient has a **prior history of contrast media reaction** or **sensitivity to other medications** or a history of a **medical condition** that could be exacerbated by the administration of contrast media, this should be brought to the attention of the radiologist prior to any administration of contrast.

**General principles of patient selection and preparation require attention to:**

1. **History** – A careful, focused history is the necessary first step. Details about prior reactions and allergy history should be carefully evaluated.

2. **Have equipment and expertise ready** – Serious reactions are rare, but establishing a method of reacting to and treating them requires prior planning and cannot be left to the time at which they occur.

3. **Heads up!** – Be aware of specific risks, the patient's status, possible reactions and the best response to them, and where and how to get help.

**Documenting the Completion of the Exam**

Complete the exam in RIS. The following must be correctly documented.

1. Indicate the patient's signs and symptoms.

2. For patients who received contrast:
   a. Patient was properly Identified - "ID" noted in RIS
   b. Verbal Screening questions answered
   c. eGFR Lab Values (if applicable)
   d. The amount of contrast
   e. The type of contrast
   f. Time of contrast administration
   g. The route and location of administration
   h. Whether or not there was an infiltration, reaction or other injection issue
   i. The name of technologist or initials who performed the administration

3. Ensure appropriate documents are entered into the electronic medical record.

NOTE: If there is an incident, incident reports do not become part of the patient's medical record. They remain archived in the Applications Incident Reporting program.

**Risks of Injection Injury and Contrast Reaction**

- Insertion of the needle (small plastic tube) may also cause minor pain, bruising and/or infection at the injection site.

- Metallic taste in the mouth, tingling in the arm, nausea, or headache in less than 1% (less than 1 in 100) of people.

- Allergic reaction is less than 1 in 300,000 chance that this will be severe.

## NEPHROGENIC STSTEMIC FIBROSIS / NEPHROGENIC FIBROSING DERMOPATHY

### Background

The ACR Committee on Drugs and Contrast Media and the FDA have classified gadolinium-based contrast agents into different groups based on reported associations with NSF in vulnerable patients.

Group I: Agents associated with the greatest number of NSF cases:
(These agents are contraindicated in patients at risk for NSF)

- Gadodiamide (Omniscan – GE Healthcare)
- Gadopentetate dimeglumine (Magnevist – Bayer HealthCare Pharmaceuticals)
- Gadoversetamide (OptiMARK – Covidien)

Group II: Agents associated with few, if any, unconfounded cases of NSF:

- **Gadoteric acid (Dotarem – Guerbet)**
- Gadobenate dimeglumine (MultiHance – Bracco Diagnostics)
- Gadobutrol (Gadovist – Bayer HealthCare Pharmaceuticals)
- Gadoteridol (ProHance – Bracco Diagnostics)

Group III: Agents for which data remains limited regarding NSF risk, but which few, if any unconfounded cases of NSF have been reported:

- Gadofosveset (Ablavar – Lantheus Medical Imaging)
- Gadoxetic acid (Eovist – Bayer HealthCare Pharmaceuticals)

**Macrocyclic Dotarem (Group II) is the default MRI contrast agent in use at RadNet centers.**

- Group III agents such as Eovist may be given in select circumstances and only under the direction of the radiologist.
- Group II Multihance may be given at discretion of the local Medical Director.

**The ACR now clearly states that when using a Group II contrast agent at standard or lesser doses, all forms of screening, *whether questionnaire or GFR lab testing,* are no longer required prior to intravenous administration due to the "sufficiently low or possibly nonexistent" risk of NSF in this setting.**

Excerpt from the ACR Manual on Contrast Media V10.3

**Assessment of Risk - Group II Agents**

Based on the most recent scientific and clinical evidence, the ACR Committee on Drugs and Contrast Media considers the risk of NSF among patients exposed to standard or lower than standard doses of group II gadolinium-based contrast agents is sufficiently low or possibly nonexistent such that assessment of renal function with a questionnaire or laboratory testing is optional prior to intravenouse administration. As in all instances, group II GBCAs should only be administered if they are deemed necessary by the supervising radiologist, and the lowest dose needed for diagnosis should be used as deemed necessary by the supervisiing radiologist.

**Gadolinium Based Contrast Agents for Patients on Dialysis**

When using a Group II contrast agent in the setting of dialysis, "the risk of NSF is extremely low". Although "unproven to date", they recommend that dialysis be performed as soon as possible after the contrast administration, although "the risk-benefit equation does not favor repeated dialysis sessions"

Excerpt from the ACR Manual on Contrast Media V10.3

***Specific Recommendations for Patients with End-Stage Renal Disease on Chronic Dialysis***

*If a contrast-enhanced cross-sectional imaging study is required in an anuric patient with no residual renal function, it would be reasonable to consider administering iodinated contrast media and performing a CT rather than an MRI, assuming the anticipated diagnostic yield is similar.*

*If a contrast-enhanced MR examination is to be performed in a patient with end-stage renal disease on chronic dialysis, injection of group I agents is contraindicated, and the committee recommends the use of a group II agent. When using a group II agent, the risk of NSF is extremely low. The ACR Committee on Drugs and Contrast Media also recommends that elective GBCA-enhanced MRI examinations be performed as closely before hemodialysis as is possible, as prompt postprocedural hemodialysis, although unproven to date, may reduce the likelihood that NSF will develop. Some experts recommend multiple dialysis sessions following GBCA administration, with use of prolonged dialysis times and increased flow rates and volumes to facilitate GBCA clearance, but the incremental benefit remains speculative. When using a group II agent, the risk of NSF is so low that the ACR Committee on Drugs and Contrast Media believes that the risk-benefit equation does not favor repeated dialysis sessions.*

*Peritoneal dialysis may provide less NSF risk reduction compared to hemodialysis, but this has not been adequately studied.*

**High Dose and Multiple Exposures**

The risks associated with MRI contrast are believed to be related to high dose in a single administration or cumulatively in multiple administrations over months to years. In patients expected to undergo serial examinations, careful consideration is recommended with respect to the benefits of contrast and the dosing regimen for each examination.

Excerpt from the ACR Manual on Contrast Media V10.3

**Multiple Doses of Gadolinium in Patients at Risk for NSF**

In unusual circumstances, it may be necessary to administer multiple doses of GBCA within a relatively short time frame. Examples include a rapid change in patient condition for which an additional enhanced MR exam may be of benefit, or when the initial MR exam indicates an acute need for a more sophisticated enhanced MR exam. In patients at risk for NSF, there is no contraindication if the examinations are determined to be necessary. In patients at risk for NSF, the committee recommends the use of group II agents.

## ADMINISTRATION OF CONTRAST MEDIA TO PREGNANT OR POTENTIALLY PREGNANT PATIENTS

### Guideline

It is known that gadolinium-based MRI contrast media cross the human placenta and into the fetus when given in clinical dose ranges. No adequate and well-controlled teratogenic studies of the effects of these media in pregnant women have been performed.

Gadolinium chelates may accumulate in the amniotic fluid and remain there for an indefinite period of time, with potential dissociation of the toxic free gadolinium ion from the chelate; the significance of this exposure to the fetus is uncertain, and its potential association with Nephrogenic systemic fibrosis (NSF) in the child or mother is unknown. Therefore, gadolinium chelates should not be routinely used in pregnant patients.

### Procedure

Because it is unclear how gadolinium-based contrast agents will affect the fetus, these agents should be administered only with extreme caution. Each case should be reviewed carefully and gadolinium-based contrast agent administered only when there is a potential overwhelming benefit to the patient or fetus that outweighs the possible risk of exposure of the fetus to free gadolinium ions. The radiologist should confer with the referring physician and document the following in the radiology report or the patient's medical record:

1. That information requested from the MRI study cannot be acquired without the use of IV contrast or by using other imaging modalities.

2. That the information needed affects the care of the patient and fetus during the pregnancy.

3. That the referring physician is of the opinion that it is not prudent to wait to obtain this information until after the patient is no longer pregnant.

It is recommended that the pregnant patient undergoing and MRI examination provide informed consent to document that she understands the risk and benefits of the MRI procedure to be performed, and the alternative diagnostic options available to her (if any), and that she wishes to proceed.

## ADMINISTRATION OF GADOLINIUM CONTRAST MEDIA TO BREAST-FEEDING MOTHERS

### Guideline

Gadolinium chelate agents have pharmacokinetic properties very similar to those of iodinated X-ray contrast media. Gadolinium contrast media have a plasma half-life of approximately 2 hours and are nearly completely cleared from the bloodstream with 24 hours.

Less that 0.04% of the intravascular dose given to the mother is excreted into the breast milk in the first 24 hours. Because less than 1% of the contrast medium ingested by the infant is absorbed from its gastrointestinal tract, the expected dose absorbed by the infant from the breast milk is less than 0.0004% of the intravascular dose given to the mother.

The potential risks to the infant include direct toxicity (including toxicity from free gadolinium, because it is unknown how much, if any, of the gadolinium in breast milk is in the unchelated form) and allergic sensitization or reaction.

### Procedure

Review of the literature shows no evidence to suggest that oral ingestion by an infant of the tiny amount of gadolinium contrast medium excreted into breast milk would cause toxic effects. **The ACR believes, therefore, that the available data suggest that it is safe for the mother and infant to continue breast-feeding after receiving such an agent.**

If the mother remains concerned about any potential ill effects, she should be given the opportunity to make an informed decision as to whether to continue or temporarily abstain from breast-feeding after receiving gadolinium.

**If the mother so desires, she may abstain from breast-feeding for 24 hours with active expression and discarding of breast milk from both breasts during that period. In anticipation of this, she may wish to use a breast pump to obtain milk before the contrast study to feed the infant during the 24-hour period following the examination.**

**MRI.POL.007**
**MRI Manual / Regulatory Affairs**
**Original Effective Date: August 1, 2010**
**Effective Date: March 1, 2018**

## CT AND MRI SAME DAY CONTRAST INJECTIONS

### Purpose

The CT committee recommends the following protocol when a patient presents with an order for both an enhanced CT and enhanced MRI exam.

### Procedure

1. At the time of scheduling, the patient should be screened as usual for both CT and MRI utilizing the existing CT and MRI contrast screening criteria.

2. Consult the radiologist concerning the order of exams. MRI contrast can show up on CT scans and radiologists should be careful when interpreting these exams.

## MULTI-DOSE VIALS - LABELING

### Guideline

The multi-dose vial shall be used prior to the expiration date, at which time the vial is to be appropriately discarded. All medications shall be considered expired after 24 hours from the date of opening.

### Procedure

1. The person first opening the vial shall clearly mark the date of opening, time and his/her initials on the vial.

2. All contrasts used at the facility shall be discarded 24 hours after the initial opening.

3. When appropriate, documentation of the discard of the vial shall be made.

**MRI.POL.007**
**MRI Manual / Regulatory Affairs**
**Original Effective Date: August 1, 2010**
**Effective Date: March 1, 2018**

## DISPOSAL OF EXPIRED DRUGS

### Purpose

To establish a procedure to ensure the security and disposal of expired narcotic drugs in a safe manner.

### Procedure

1. The narcotic drug inventory will be marked for disposal of drugs.
2. The disposal of expired controlled substances will be documented on the Sedation Medication Inventory Log.
3. Two employees will be present during the disposal of controlled substances.
4. Expired drugs will be disposed of in accordance with current local, state and federal laws and regulations.
5. The disposal records will be kept with the narcotic logs for a period of at least one year.

## VENIPUNCTURE GUIDELINES

### Purpose

To provide guidelines on the science and art of venipuncture.

### Guidelines

Registered technologists are only allowed to inject contrast media and saline solutions. This must be done under the direction of a radiologist.

1. After the technologist has completed training and is deemed competent, he/she shall be called upon to inject intravenous contrast media for diagnostic imaging exams. Where applicable, the technologist must have a valid state certification.
2. Under no circumstances shall an injection of contrast media be made in the department without a physician being readily available at the time of the injection or during the infusion.
3. Under no circumstances shall an injection of contrast media be made in a mobile unit without a physician being readily available.
4. If the technologist should experience difficulty doing the venipuncture, after no more than three (3) sticks he/she shall attempt to call a more experienced technologist or a radiologist to complete the procedure.
5. The technologist shall stay with the patient receiving the contrast media injection until the examination is completed.
6. Technologists should never inject contrast media in the volar (palmar) aspect of the hand and wrist. This is to be done by physicians only.
   a. The dorsal lateral portion of the wrist near the base of the thumb can only be used when there is no venous access above the wrist.
7. Technologists may inject contrast media in the dorsal aspect of the hand and wrist, however, it is preferred that these injections only be performed when there is no access above the wrist.
8. Foot and ankle injections of iodinated contrast, or of any medication infused via a power injector, must be performed under the personal supervision of a physician.
9. Documentation of all contrast injections shall include the location of injection, name of technologist performing the injection, and type and dose of contrast administered.

### Contrast Administration Procedure

1. Verify patient identification. Ask the patient to state his/her name and date of birth. It is best to ask the patient first hand to verify his/her identity. Identify the patient with a guardian, caregiver, or translator if the patient is unable to confirm identity. View the patient's ID.
2. Check the clinical history of each patient. Verify prior contrast sensitivity or reactions.
3. Check for proper contrast media and quantity to be administered.
4. Proceed with the planned exam.
5. The technologist must ensure a physician is readily available prior to the administration of contrast.
6. During administration and throughout the exam, observe the patient for any systemic reaction to the contrast. If a contrast reaction is suspected, the technologist will immediately call the radiologist and seek additional assistance as needed.

**NOTE:** It is recommended that patients do not breast feed for 48 hours after the injection of gadolinium based-contrast media.

## POWER INJECTORS

### Background

A critical step in preventing significant extravasation is direct monitoring of the venipuncture site by palpation during the initial portion of the contrast medium injection. If no problem is encountered during the first 15 seconds, the individual monitoring the injection exits the scan room before the scanning begins. If extravasation is detected, the injection is stopped immediately. Communication between the technologist and the patient via an intercom or television system should be maintained throughout the examination.

Any time you are using a power injector, contrast media should be administered through a flexible plastic cannula. Use of metal needles for power injection should be avoided. A 20-gauge or larger catheter is preferable for flow rates of 3 ml/sec or higher. An antecubital or large forearm vein is the preferred venous access site for power injection. If a more peripheral venipuncture site is used (i.e., hand or wrist), a flow rate of no greater than 1.5 ml/sec may be more appropriate.

Careful preparation of the apparatus is essential to minimize the risk of contrast extravasation or air embolism. Clear the syringe and pressure tubing of air, after which the syringe should be reoriented with the tubing directed downward. Before initiating the injection, the position of the catheter tip should be checked for venous backflow. If the venipuncture site is tender or infiltrated, an alternative site should be sought. If venous backflow is obtained, the power injector and tubing should be positioned to allow adequate table movement without tension on the IV line.

Power injection of contrast media through some central venous catheters can be performed safely under the direct supervision of a radiologist, provided that certain precautions are followed. First, either the scout scan or a recent chest radiograph can be checked to confirm the proper location of the catheter tip. Before connecting the catheter to the injector system tubing, the catheter tip position should be tested for venous backflow. Occasionally backflow will not be obtained because the catheter tip is positioned against the wall of the vein in which it is located. If saline can be injected through the catheter without abnormal resistance, contrast media can be administered through the catheter safely. If abnormal resistance or discomfort is encountered, an alternative venous access site should be sought. Injection with large-bore (9.5-F to 10-F) central venous catheters using flow rates of up to 2.5 ml/sec has been shown to generate pressures below manufacturers' specified limits.

For power injection of contrast media through some central venous catheters, the radiologist should consult manufacturers' recommendations. Contrast media should not be administered by power injector through small-bore, peripheral (e.g., arm) access central venous catheters (unless permitted by the manufacturer's specifications) because of the risk of catheter breakage.

It cannot be assumed that all vascular catheters including a peripherally inserted central catheter (PICC) can tolerate a mechanical injection. However, a number of manufacturers have produced power injector compatible vascular catheters. The manufacturer's specifications should be followed.

## ADVERSE REACTIONS TO GADOLINIUM BASED CONTRAST MEDIA

### Purpose

Gadolinium magnetic resonance contrast media have been approved for parenteral use since the late 1980s. These contrast media are extremely well tolerated by the vast majority of patients in whom they are injected. Adverse reactions are encountered with a much lower frequency than is observed after administration of iodinated contrast media.

### Risk Factors

The frequency of adverse reactions to gadolinium is higher in patients who had previous reactions to an MRI contrast agent. Second reactions to gadolinium can be more severe than the first. Patients with asthma and various other allergies, including allergies to other medications or foods, are also at greater risk. Although there is no cross-reactivity, patients who had previous allergic-like reactions to iodinated contrast media are also in this category.

It is prudent to at least take precautions in a patient who previously had a reaction to gadolinium. It should be determined if gadolinium-based contrast medium is necessary, if a different brand could be used, and if 12 to 24 hours of premedication with corticosteroids and antihistamines could be initiated.

### Manifestations

Most types of adverse reactions to gadolinium-based media are similar to those after the administration of iodinated radiographic contrast media. Reactions needing treatment are uncommon, and serious reactions are rare.

The vast majority of adverse events are mild. Of the small percentage of patients who have adverse events, commonly reported manifestations include coldness at the injection site, nausea with or without vomiting, headache, warmth or pain at the injection site, paresthesis, dizziness, and itching. Reactions resembling an "allergic" response are very unusual. Airway and cardiovascular reactions have been encountered in a very small number of patients. Severe anaphylactoid reactions are exceedingly rare but can occur.

## TYPES OF CONTRAST REACTIONS

### Note

The information in this guideline was taken from the ACR Manual on Contrast Media Version 9. While we provide this as an educational tool, it is recommended that you refer to the ACR website at www.acr.org to ensure you are following the most current guidelines regarding the types of contrast reactions.

### Types of Reactions

Reactions are most often mild but rarely can be life-threatening. Prediction of occurrence or severity is impossible, although there are some known risk factors, and anticipation and vigilance are critical.

### Mild Reactions

Some adverse events to contrast injection, such as nausea, vomiting, sensation of warmth, and flushing represent physiologic responses (i.e., are not allergic-like) and increase in incidence with increasing contrast material osmolality and dose. Pain on injection, particularly with injection into the arteries of the lower extremities or into the external carotid arteries, is largely a function of osmolality and not considered allergic-like.

Uticarial reactions are allergic-like and almost always mild, although hives can progress in severity and/or number, and can be associated with more serious symptoms. Mild angiodema (such as a scratchy throat, slight tongue/facial swelling, and paroxysmal sneezing) not requiring medical management may also be considered a mild allergic-like reaction.

Mild reactions typically do not require medical treatment, but they may presage or evolve into a more serious reaction. Vital signs should be obtained to detect hypotension that may be clinically silent while the patient is supine. Any patient with a mild allergic-like reaction should be observed for 20 to 30 minutes, or as long as necessary, to ensure clinical stability or recovery. Treatment with an antihistamine may be instituted for mild symptomatic allergic-like cutaneous contrast reactions, but is most often not necessary.

### Moderate Reactions

Moderate adverse events are not immediately life-threatening (although some may progress to be so), but often require medical treatment. These events include severe urticaria/erythemia, bronchospasm, moderate tongue/facial swelling, transient hypotension with tachycardia, and significant Vasovagal reaction adverse events. Moderate reactions require close monitoring until they resolve completely.

Treatment may include diphenhydramine for symptomatic hives, use of a beta-agonist inhaler for bronchospasm, or leg elevation and/or fluid therapy for hypotension. Vital signs should be obtained in any patient suspected of having a moderate reaction. It is also appropriate to consider securing intravenous (IV) access and providing high-flow oxygen by face mask, however, oxygen must be administered under a doctor's order.

**Severe Reactions**

Severe adverse events are potentially or immediately life-threatening. Although they are rare, it is imperative that all personnel who administer contrast media be aware that they occur unpredictably and that they require prompt recognition and treatment. Patients may initially experience a variety of symptoms and signs, including altered mental status, respiratory distress, diffuse erythema, severe hypotension, or sudden cardiac arrest.

Complete cardiopulmonary collapse requires cardiopulmonary resuscitation and advanced specialized life-support equipment and trained personnel. Cardiopulmonary collapse may occur very rapidly, so all patients receiving IV contrast must be observed closely during the procedure. Since the outcome of cardiopulmonary arrest worsens as the response time increases, prompt recognition of such reactions and rapid institution of treatment are crucial.

Severe non-allergic like adverse events may also occur, including profound vasovagal reactions and pulmonary edema. While seizures can very rarely occur, they may also be due to hypoxia that is the sequelae of an allergic-like or non-allergic like contrast reaction. These events typically require medical management other than epinephrine.

**Organ-Specific Effects**

Some organ-specific adverse effects have been noted above. They include cardiac arrhythmia, pulmonary edema, and seizures.

Venous thrombosis can occur in response to an infusion of contrast media. This is related to direct vascular endothelial damage and is more of a problem with HOCM. Contrast media are known to have an effect not only on vascular endothelial function, but also on thrombosis and hemostasis.

Contrast media are also known to cause some alteration in red blood cell deformability and in platelet function, but these effects are not thought to be clinically relevant.

Examples of organ-specific effects are described in the table below.

| Organ and Systemic-Specific Adverse Effects from the Administration of Iodine-Based or Gadolinium-Based Contrast Agents | |
|---|---|
| Adrenal Glands | Hypertension (in patients with pheochromocytoma after intra-arterial injection) |
| Brain | Headache, Confusion, Dizziness, Seizure, Rigors, Lost or diminished consciousness, Lost or diminished vision |
| Gastrointestinal Tract | Nausea, Vomiting, Diarrhea, Intestinal cramping |
| Heart | Hypotension, Dysrhythmia, Pulseless electrical activity, Acute congestive heart failure |
| Kidney | Oliguria, Hypertension, Contrast-induced nephropathy |
| Pancreas | Swelling / pancreatitis |
| Respiratory Exam | Laryngeal edema, Bronchospasm, Pulmonary edema |
| Salivary Glands | Swelling / parotitis |
| Skin and Soft Tissues | Pain, Edema, Flushing, Erythema, Urticaria, Pruritus, Compartment syndrome (from extravasation), Nephrogenic systemic fibrosis |
| Thyroid | Exacerbation of thyrotoxicosis |
| Vascular Exam | Hemorrhage (due to direct vascular trauma from contrast injection or from the reduction in clotting ability), Thrombophlebitis |

**Delayed Reactions to Contrast Media**

Many different symptoms and signs have been reported as delayed reactions associated with contrast media. Some relatively common ones are nausea, vomiting, drowsiness, headache, and pruritus without urticaria, all of which are self-limited and usually do not require therapy. Delayed cardiopulmonary arrest has also been reported, but this and other severe systemic reactions are probably related to etiologies other than the contrast media.

The delayed reactions to contrast media that are of most frequent concern are the cutaneous ones. These are important for several reasons. They occur more often than is generally recognized; they may recur; they may have serious sequelae; and, perhaps most importantly, they are often ascribed to causes other than contrast media.

The onset of delayed cutaneous reactions ranges from 30 minutes to 7 days following the administration of a contrast agent, with the majority occurring between 3 hours and 2 days. They are often not brought to the attention of the radiology staff or radiologist and are ascribed to other causes.

Delayed cutaneous reactions vary widely in size and distribution. They are generally self-limited and require only minimal symptomatic therapy. They may progress to severe symptomatology with wide distribution. When a rash is limited, symptomatic therapy such as corticosteroid creams can be used; if it is progressive or widespread, or if there are significant associated symptoms, consultation with allergy or dermatology services is an appropriate early step.

These adverse events are also unusual in that there is a high rate of recurrence, particularly if the same contrast medium is used, but also with a different contrast agent. Delayed cutaneous reactions are not associated with other acute adverse events such as bronchospasm or laryngeal edema.

★ **A printable copy of this table is available in the forms section of the manual**

| Classification of Severity and Manifestations of Adverse Reactions to Contrast Media | |
|---|---|
| **Mild** | **Signs and symptoms**: Appear self-limited without evidence of progression (e.g., limited urticaria with mild pruritus, transient nausea, one episode of emesis) and include:<br>• Nausea, vomiting<br>• Cough<br>• Warmth<br>• Headache<br>• Dizziness<br>• Shaking<br>• Altered taste<br>• Itching<br>• Pallor<br>• Flushing<br>• Chills<br>• Sweats<br>• Rash, hives<br>• Nasal stuffiness<br>• Swelling: eyes, face<br>• Anxiety |
| | **Treatment**: Requires observation to confirm resolution and/or lack of progression but usually no treatment. Patient reassurance is usually helpful. |
| **Moderate** | **Signs and symptoms**: Are more pronounced. Moderate degree of clinically evident focal or systemic signs or symptoms, including:<br>• Tachycardia / Bradycardia<br>• Hypertension<br>• Generalized or diffuse erythema<br>• Dyspnea<br>• Bronchospasm, wheezing<br>• Laryngeal edema<br>• Mild hypertension |
| | **Treatment**: Clinical findings in moderate reactions frequently require prompt treatment. These situations require close, carful observation for possible progression to a life-threatening event. |
| **Severe** | **Signs and symptoms**: Are often life-threatening, including:<br>• Laryngeal edema (severe or rapidly progressing)<br>• Profound hypotension<br>• Clinically manifest arrythmias<br>• Convulsions<br>• Unresponsiveness<br>• Cardiopulmonary arrest |
| | **Treatment**: Requires prompt recognition and aggressive treatment; manifestations and treatment frequently require hospitalization. |

NOTE: The above classifications (mild, moderate, severe) do not attempt to distinguish between allergic-like and non-allergic-like reactions. Rather, they encompass the spectrum of adverse events that can be seen following the intravascular injection of contrast media.

## TREATMENT OF CONTRAST REACTIONS

### Note

The information in this guideline was taken from the ACR Manual on Contrast Media Version 9. While we provide this as an educational tool, it is recommended that you refer to the ACR website at www.acr.org to ensure you are following the most current guidelines regarding the treatment of contrast reactions.

### Background

Optimal treatment of contrast media reactions starts with a well-designed plan of action and a properly staffed and equipped imaging facility. Rapid recognition, assessment, and diagnosis are crucial to the effective implementation of treatment.

Training of on-site personnel attending to patients includes cardio-pulmonary resuscitation and/or advanced cardiac life support.

In evaluating a patient for a potential contrast reaction, five important immediate assessments should be made:

1. How does the patient look?
2. Can the patient speak? How does the patient's voice sound?
3. How is the patient's breathing?
4. What is the patient's pulse strength and rate?
5. What is the patient's blood pressure?

| ABCD Approach for Patient Evaluation and Treatment | |
|---|---|
| **A** | Airway, oxygen<br>Assessment (severity and category of reaction); blood pressure and pulse; electrocardiogram monitor may be necessary for evaluation of cardiac rhythm<br>Assistance (call for it)<br>Access (venous) |
| **B** | Breathing – begin CPR if necessary<br>Bag – Ambu bag<br>Begin full resuscitation efforts (CPR) if necessary<br>Beware of atypical manifestations (e.g., beta blockers may prevent tachycardic response) |
| **C** | Circulatory assistance as appropriate, administer isotonic fluid (normal Saline, Ringer's solution), infuse rapidly, and may use pressure bag or forceful infusion<br>Categorize reaction and patient status<br>Call Code Team if necessary<br>Common denominators; assess cardiac output; capillary leak; decreased venous return, decreased peripheral vascular resistance; pulmonary edema |
| **D** | Drug therapies<br>Do: Monitor, assess, and reassure the patient; Use correct dose and route for drugs; Push intravenous fluids and oxygen<br>Don't delay – call for help if you need it; don't use incorrect doses and drugs |

Specific regimens for treating reactions are found later in this guideline and in the forms section of this manual.

Treatment of moderate or severe adverse reactions to gadolinium-based contrast media is similar to that of moderate or severe reactions to iodinated contrast media.

It is imperative that appropriate equipment, including an emergency cart, be located near any area where MRI imaging is performed. In addition, personnel should be able to recognize a contrast reaction, call for assistance, and institute immediate therapy using the principles outlined for treatment of reactions to iodinated contrast media.

Special precautions must be taken, however, if treatment is to be instituted in the room in which the MRI scanner is housed, to ensure that none of the resuscitative equipment is ferromagnetic. Instead, many treatment plans for acute reactions involve moving the patient out of the MRI room and away from the magnet as the first step.

★ **A printable copy of this table is available in the forms section of the manual**

| **Management of Acute Reactions in Adults** page 1 of 2 | |
|---|---|
| **Hives / Diffuse Erythema** | 1. Observation; monitor vitals every 15 minutes<br>2. Preserve IV access<br>3. If associated with hypotension or respiratory distress, then considered Anaphylaxis:<br>a. O2 at 6-10 L/min by face mask<br>b. IV Fluids 0.9% Normal Saline wide open; elevate legs > 60°<br>c. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>d. Call 911<br>4. If ONLY skin findings but severe or progressive, may consider Benadryl 50 mg PO, IM, IV but may cause or worsen hypotension |
| **Hypotension with Tachychardia (Anaphylactic Shock)** | 1. Observation; monitor vitals every 15 minutes<br>2. Preserve IV access<br>3. O2 at 6-10 L/min by face mask<br>4. Elevate legs > 60°<br>5. IV Fluids 0.9% Normal Saline wide open<br>6. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>7. Call 911 |
| **Hypotension with Bradycardia (Vagal Reaction)** | 1. Monitor Vitals<br>2. Preserve IV access<br>3. O2 at 6-10 L/min by face mask<br>4. Elevate legs to > 60°<br>5. IV Fluids 0.9% Normal Saline wide open<br>6. Atropine 0.6 – 1.0 mg IV if refractory |
| **Laryngeal Edema (Inspiratory Stridor)** | 1. Monitor Vitals<br>2. Preserve IV access<br>3. O2 at 6-10 L/min by face mask<br>4. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>5. Call 911 |
| **Bronchospasm (Expiratory Wheezes)** | 1. Monitor Vitals<br>2. Preserve IV access<br>3. O2 at 6-10 L/min by face mask<br>4. B2 agonist inhaler 2 puffs; Repeat x 3<br>5. If not responding or server, the use Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>6. Call 911 |

★ **A printable copy of this table is available in the forms section of the manual**

| **Management of Acute Reactions in Adults** page 1 of 2 | |
|---|---|
| **Hives / Diffuse Erythema** | 5. Observation; monitor vitals every 15 minutes<br>6. Preserve IV access<br>7. If associated with hypotension or respiratory distress, then considered Anaphylaxis:<br>a. O2 at 6-10 L/min by face mask<br>b. IV Fluids 0.9% Normal Saline wide open; elevate legs > 60°<br>c. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>d. Call 911<br>8. If ONLY skin findings but severe or progressive, may consider Benadryl 50 mg PO, IM, IV but may cause or worsen hypotension |
| **Hypotension with Tachychardia (Anaphylactic Shock)** | 8. Observation; monitor vitals every 15 minutes<br>9. Preserve IV access<br>10. O2 at 6-10 L/min by face mask<br>11. Elevate legs > 60°<br>12. IV Fluids 0.9% Normal Saline wide open<br>13. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>14. Call 911 |
| **Hypotension with Bradycardia (Vagal Reaction)** | 7. Monitor Vitals<br>8. Preserve IV access<br>9. O2 at 6-10 L/min by face mask<br>10. Elevate legs to > 60°<br>11. IV Fluids 0.9% Normal Saline wide open<br>12. Atropine 0.6 – 1.0 mg IV if refractory |
| **Laryngeal Edema (Inspiratory Stridor)** | 6. Monitor Vitals<br>7. Preserve IV access<br>8. O2 at 6-10 L/min by face mask<br>9. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>10. Call 911 |
| **Bronchospasm (Expiratory Wheezes)** | 7. Monitor Vitals<br>8. Preserve IV access<br>9. O2 at 6-10 L/min by face mask<br>10. B2 agonist inhaler 2 puffs; Repeat x 3<br>11. If not responding or server, the use Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>12. Call 911 |

## CONTRAST MEDIA IN CHILDREN

### Note

The information in this guideline was taken from the ACR Manual on Contrast Media Version 9. While we provide this as an educational tool, it is recommended that you refer to the ACR website at www.acr.org to ensure you are following the most current guidelines regarding the use of contrast media in children.

### Background

Principles regarding contrast media utilization and associated adverse events are generally similar between children and adults. This section will address specific areas in which pediatric use of contrast material differs from adult use and attempt to avoid repeating recommendations that are similar for both patient populations.

### Gadolinium-Based Intravascular Contrast Media – Unique Considerations in Children

The guidelines for IV use of gadolinium-based contrast agents in children are generally similar in both the pediatric and adult populations.

### Allergic-Like Reactions and Other Adverse Events

While rare, allergic-like reactions to gadolinium-based contrast media in children do occur. While mild reactions are most common, more significant reactions that require urgent medical management may occur. Pediatric allergic-like reactions to gadolinium contrast media are treated similarly to those reactions to iodinated contrast agents. A variety of physiologic side effects may also occur, including coldness at the injection site, nausea, headache, and dizziness. There is no evidence for pediatric renal toxicity from gadolinium-based contrast media at approved doses. Extravasation of gadolinium is usually of minimal clinical significance because of the small volumes injected.

★ **A printable copy of this table is available in the forms section of the manual**

## Management of Acute Reactions to Contrast Media in Children

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### HIVES (Urticaria)

General Comment: Observe until hives are resolving.
Further observation may be necessary if treatment is administered.

| **Mild** | **Treatment** | **Dosing** |
|---|---|---|
| Scattered and/or transient | No treatment often needed; | |
| However, if symptomatic, can consider: | Diphenhydramine (Benadryl)* | 1 mg/kg (max = 50 mg) PO, IM, or IV; Administer IV dose slowly over 1 – 2 min |
| **Moderate** | **Treatment** | **Dosing** |
| More numerous/ bothersome | Monitor vitals<br>Preserve IV access | |
| | Consider Diphenhydramine (Benadryl)* | 1 mg/kg (max = 50 mg) PO, IM, or IV; Administer IV dose slowly over 1 – 2 min |
| **Severe** | **Treatment** | **Dosing** |
| Widespread and/or progressive | Monitor vitals<br>Preserve IV access | |
| | Consider Diphenhydramine (Benadryl)* | 1 mg/kg (max = 50 mg) PO, IM, or IV; Administer IV dose slowly over 1 – 2 min |

**NOTE**

*Note: All forms can cause drowsiness; IV/IM form may cause or worsen hypotension.

Note: It can be difficult to dose medications accurately in neonates and infants.
Also, with respect to IM delivery of epinephrine, EpiPen Jr® package insert does not provide dosing recommendations for children < 15 kg.

## Management of Acute Reactions to Contrast Media in Children



### DIFFUSE ERYTHEMA

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask | <br><br>6-10 L/min |
| **Normotensive** | **Treatment** | **Dosing** |
| | No other treatment usually needed | |
| **Hypotensive** | **Treatment** | **Dosing** |
| | IV fluids: 0.9% normal saline<br>OR<br>Lactated Ringers | NS 10-20 mL/kg;<br>Maximum of 500-1,000 mL |
| If profound or unresponsive to fluids alone, can also consider | Epinephrine (IV)*<br><br><br>OR | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids; can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | (if no IV access available)<br>Epinephrine (IM)* | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg); can repeat every 5-15 minutes up to 1 mL (1 mg) total<br>OR<br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg);<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Consider calling 911 | |

Note: In hypotensive patients, the preferred route of epinephrine delivery is IV, as the extremities may not be perfused sufficiently to allow for adequate absorption of IM administration.

Also, with respect to IM delivery of epinephrine, the EpiPen Jr® package insert does not provide dosing recommendations for children < 15 kg.

Note: It can be difficult to dose medications accurately in neonates and infants.

## Management of Acute Reactions to Contrast Media in Children

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### BRONCHOSPASM

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask | 6-10 L/min |
| **Mild** | **Treatment** | **Dosing** |
| | Beta agonist inhaler (Albuterol®) | 2 puffs (90 mcg/puff) for a total of 180 mcg; Can repeat up to 3 times |
| | Consider calling 911, based upon the completeness of the response | |
| **Moderate** | **Treatment** | **Dosing** |
| | Consider adding epinephrine (IM)*<br><br>OR | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg);<br>Can repeat every 5-15 minutes up to 1 mL (1 mg) total<br><br>OR<br><br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg);<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Epinephrine (IV)* | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids;<br>Can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | Consider calling 911 based upon the completeness of the response | |

**Bronchospasm Severe (continued on next page)**

## Management of Acute Reactions to Contrast Media in Children



### BRONCHOSPASM (continued)

| Severe | Treatment | Dosing |
|---|---|---|
| | Epinephrine (IV)*<br><br>OR | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids;<br>Can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | Epinephrine (IM)*<br><br>AND | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg);<br>Can repeat every 5-15 minutes up to 1 mL (1 mg) total<br>OR<br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg );<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Beta agonist inhaler (Albuterol®) (May work synergistically) | 2 puffs (90 mcg/puff) for a total of 180 mcg; can repeat up to 3 times |
| | Call 911 | |

**NOTE**

*Note: In hypotensive patients, the preferred route of epinephrine delivery is IV, as the extremities may not be perfused sufficiently to allow for adequate absorption of IM administration.

Also, with respect to IM delivery of epinephrine, the EpiPen Jr® package insert does not provide dosing recommendations for children < 15 kg.

Note: It can be difficult to dose medications accurately in neonates and infants.

## Management of Acute Reactions to Contrast Media in Children

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### LARYNGEAL EDEMA

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask | 6-10 L/min |
| | Epinephrine (IV)*<br><br>OR | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids;<br>Can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | Epinephrine (IM)* | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg);<br>Can repeat every 5-15 minutes up to 1 mL (1 mg) total<br>OR<br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg );<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Call 911 | |

**NOTE**

*Note: In hypotensive patients, the preferred route of epinephrine delivery is IV, as the extremities may not be perfused sufficiently to allow for adequate absorption of IM administration.

Also, with respect to IM delivery of epinephrine, the EpiPen Jr® package insert does not provide dosing recommendations for children < 15 kg.

Note: It can be difficult to dose medications accurately in neonates and infants.

## Management of Acute Reactions to Contrast Media in Children



### HYPOTENSION

### Minimum Normal Blood Pressure Varies for Children of Different Ages

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask.....<br>Elevate legs at least 60°<br>Consider IV fluids:<br>0.9% normal saline<br>Lactated Ringer's | <br><br>6-10 L/min<br><br><br>10-20 mL/kg OR Maximum of 500-1,000 mL |
| **Hypotension with Bradycardia / Vasovagal Reaction** (min normal pulse varies for different ages) | | |
| If Mild | No other treatment usually necessary | |
| If Severe (patient remains symptomatic despite above measures) | In addition to above measures: Atropine (IV) | IV 0.2 mL/kg of 0.1 mg/mL solution (0.02 mg/kg);<br>Minimum single dose = 0.1 mg<br>Maximum single dose = 0.6 – 1.0 mg<br>Maximum total dose = 1 mg for infants and children 2 mg for adolescents administer into a running IV infusion of fluids |
| **Hypotension with Tachycardia / Anaphylactoid Reaction** (max normal pulse varies for different ages) | | |
| If Severe (hypotension persists) | Epinephrine (IV)*<br><br><br><br>OR | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids;<br>Can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | Epinephrine (IM)* | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg);<br>Can repeat every 5-15 minutes up to 1 mL (1 mg) total<br>OR<br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg );<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Call 911 | |

## Management of Acute Reactions to Contrast Media in Children



### UNRESPONSIVE AND PULSELESS

| All Forms | Treatment | Dosing |
|---|---|---|
| | Call 911<br>Start CPR<br>Get AED or defibrillator and apply as soon as available | Shock as indicated |
| | Epinephrine<br>(between 2 min cycles) | 0.1 mL/ kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer quickly with flush or IV fluids;<br>Max dose of 10 mL (1 mg) |

### PULMONARY EDEMA

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask.....<br>Elevate head of bead | 6-10 L/min |
| | Furosemide (Lasix®) (IV) | IV 0.5–1.0 mg/kg; over 2 min;<br>Maximum = 40 mg |
| | Call 911 | |

### SEIZURES / CONVULSIONS

| All Forms | Treatment | Dosing |
|---|---|---|
| | Observe and protect the patient<br>Turn patient on side to avoid aspiration<br>Suction airway, as needed<br>Preserve IV access<br>Monitor vitals<br>O2 by mask | 6-10 L/min |
| If unremitting | Call 911 | |

## Management of Acute Reactions to Contrast Media in Children



### HYPOGLYCEMIA

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>O2 by mask | 6-10 L/min |
| **If Patient is Able to Swallow Safety** | | |
| | Observe<br>Administer oral glucose | 2 sugar packets<br>**OR**<br>15 g of glucose tablet or gel<br>**OR**<br>½ cup (4 oz) of fruit juice |
| **If Patient is Unable to Swallow Safety** | | |
| If IV access is available | Dextrose 50% IV | IV D25 2mL/kg; IV injection over 2 mins |
| If IV access is not available | Glucagon (IM/SQ) | IM/SQ 0.5 mg if < 20 kg<br>IM/SQ 1.0 mg if > 20 kg |

### ANXIETY (PANIC ATTACK)

| Treatment |
|---|
| Diagnosis of exclusion<br>Assess patient for developing signs and symptoms that might indicate another type of reaction<br>Preserve IV access<br>Monitor vitals<br>Pulse oximeter<br>If no identifiable manifestations and normal oxygenation, consider this diagnosis<br>Reassure patient |

### REACTION REBOUND PREVENTION

| All Forms | Treatment | Dosing |
|---|---|---|
| Note: While IV corticosteroids may help prevent a short-term recurrence of an allergic-like reaction, they are not useful in the acute treatment of any reaction. However, these may be considered for patients having severe allergic-like manifestations prior to transport to an Emergency Department | Hydrocortisone (Solu-Cortef®) (IV)<br>OR<br>Methylprednisolone (Solu-Medrol®) (IV) | IV 5 mg / kg; administer over 1-2 min; Maximum: 200 mg<br>IV 1 mg /kg; administer over 1–2 min; Maximum: 40 mg |

**MRI.POL.007**
**MRI Manual / Regulatory Affairs**
**Original Effective Date: August 1, 2010**
**Effective Date: March 1, 2018**

## POST CONTRAST REACTION PROTOCOL

### Purpose

To provide a standardize process to document contrast reactions and provide patient discharge instructions.

### Procedure

1. The technologist will document all pertinent information and treatment measures in a RadNet Incident Report form.

2. The technologist will fill out a Medication and Contrast Reaction Discharge Instruction form with input from the radiologist or monitoring physician on duty during the reaction incident. The form should be scanned into RIS/PACS and a copy given to the patient for reference.

3. Depending on the severity of the contrast reaction, to be determined by physician, an alert should be placed in the RIS and documented in the Incident Report. The following alerts will be used.

    a. Patient needs to be pre-medicated for a MRI contrast injection.

    b. Prior severe (anaphylactic response) MRI contrast reaction. Unable to be done in an outpatient office setting.

4. When the contrast reaction occurs during routine business hours and a radiologist treats the patient, the case will remain on-site and be dictated by the radiologist who managed the contrast reaction. The radiologist will include the incident in their dictated report to the referring physician. If the radiologist is not dictating the report, he or she must notify the radiologist who will be dictating the report.

5. If the contrast reaction occurs under the supervision of a monitoring physician who treats the patient, the monitoring physician will fill out the last page of the Incident Report. The information provided by the monitoring physician should include a summary of the reaction, treatment given to the patient, and discharge instructions. This case should also stay on-site to be read the next day by the radiologist. If the case needs to be interpreted by a specialty radiologist and needs to be read off-site, call the specialty radiologist and explain the scenario. Fax a copy of the Incident Report to the radiologist so he or she can reference the treatment in the dictated report to the referring physician.

6. Once completed, the Incident Report should be finalized by the imaging center manager as soon as possible.

Effective Date: January 1, 2015

RadNet **MEDICATION AND CONTRAST REACTION DISCHARGE INSTRUCTIONS**

Patient Name: _____ Phone #: _____ Date: _____

Referring Dr.: _____ Dr's Phone #: _____

Exam Performed: _____ Medication/Contrast Administered: _____ Volume: _____

Imaging Center: _____ Center Phone #: _____

Center Address: _____ City: _____ State: _____ ZIP: _____

**Patient Information:**

During the medication or contrast administration of today's examination, you developed a reaction. The medication or contrast you received is listed above.

**Be sure to tell your doctors about this reaction and the treatment that was administered, particularly before you have future examinations using the same materials.** Give a copy of this form to your referring doctor so he or she has a record.

**Physician who assessed the patient following the reaction:** _____

**Type of reaction experienced:**

- ❑ Hives of the skin with itching
- ❑ Difficulty breathing due to spasm or swelling
- ❑ Asthmatic attack
- ❑ Lowering blood pressure
- ❑ Other: _____

**Treatment administered:**

- ❑ Observation - length of time: _____
- ❑ Provided fluids to drink: _____
- ❑ I.V. fluids administered: _____
- ❑ Medication administered: _____
- ❑ Other: _____

**Continue the following:**

- ❑ Drink 6 to 8 cups of extra fluids today, avoiding alcohol.
- ❑ Observe your skin for the development of new hives or rash for 4 days.
- ❑ Observe for difficulty in breathing or shortness of breath for 4 days.
- ❑ In case of a delayed reaction, contact your physician immediately.
- ❑ If you are not able to contact your physician, the local emergency room is open 24 hours a day.

**Additional Information** (as needed): _____

_____

**Important information:**

Please keep this form so it will be available for reference if you are scheduled for future procedures involving the use of the medication or contrast material listed above.

**In case of emergency due to a delayed reaction, immediately go to the emergency room and take this form so they will know what type of medication or contrast you received.**

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:
Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Title: _____
(Technologist, Radiologist or RN)

Scan the signed document into RIS and give a copy to the patient.

## PRE-MEDICATION STRATEGIES – ACR MANUAL REFERENCE

### Note

The information in this protocol was taken from the ACR Manual on Contrast Media. While we provide this as an educational tool, it is recommended that you refer to the ACR website at www.acr.org to ensure you are following the most current pre-medication recommendations.

### Premedication

The primary indication for premedication is pretreatment of "at-risk" patients who require contrast media. In this context, "at-risk" means at higher risk for an acute allergic-like reaction.

Although some corticosteroid preventative effect may be gained as quickly as 1 hour after IV injection of corticosteroids, the experimental data would support a much better prophylactic effect if the examination can be delayed for at least 4 to 6 hours after giving premedication.

Before deciding to premedicate an "at-risk" patient, some consideration should be given to the goals of such premedication. Ideally, one would like to prevent all contrast reactions, including minor, moderate and severe ones. However, it is most important to target premedication to those who, in the past, have had moderately severe or severe reactions requiring treatment. Unfortunately, studies have thus far indicated that the main contrast reactions that benefit from premedication are minor ones requiring no or minimal medical intervention. No randomized controlled clinical trials have demonstrated premedication protections against severe life-threatening adverse reactions.

### Risk of Corticosteroids

Although the risk of a few doses of oral corticosteroids is extremely low, precautions must be taken when administering a short course of steroids to some patients. Corticosteroids should be used with caution in patients with uncontrolled hypertension, diabetes, tuberculosis, systemic fungal infections, peptic ulcer disease or diverticulitis. The relative risk for the use of corticosteroids compared to the likelihood of severe or fatal contrast reaction must be considered. Anaphylactoid reactions to oral glucocorticoids have been rarely reported.

### Premedication Strategies

Oral administration of steroids is preferable to IV administration, and prednisone and methyl-prednisone are equally effective. It is preferred that steroids be given beginning at least 6 hours prior to the injection of contrast media regardless of the route of steroid administration wherever possible. It is unclear if administration for 3 hours or fewer prior to contrast reduces adverse reactions.

Supplemental administration of an H-1 antihistamine (e.g., diphenhydramine), orally or intravenously, may reduce the frequency of urticaria, angiodema, and respiratory symptoms. Additionally, ephedrine administration has been suggested to decrease the frequency of contrast reactions, but the use of this medication is not advised in patient with unstable angina, arrhythmia, or hypertension. In fact, inclusion of ephedrine in a routine premedication protocol is not recommended.

**Changing the Contrast Agent to be Injected**

In patients who have a prior, documented contrast reaction, the use of a different contrast agent has been advocated and may sometimes be protective. An optional switch to a different agent may be combined with a pre-medication regimen.

**Breakthrough Reactions**

Studies have demonstrated a decrease in overall adverse events after steroid premedication before contrast injection, but no decrease in the incidence of repeat severe adverse events. This may be due to the infrequency of severe life-threatening reactions to iodinated contrast. Frequency and severity of repeat contrast reactions in premedicated patients (so called breakthrough reactions) has been studied, resulting in several important conclusions.

1) Breakthrough reaction severity, signs and symptoms are most often similar to the index reaction;

2) The majority of low-osmolality contrast injections in premedicated patients with a prior breakthrough reaction will not result in a repeat breakthrough reaction;

3) Patients with a mild index reaction have an extremely low risk of developing a severe breakthrough reaction;

4) Patients with a moderate or severe index or breakthrough reaction are at higher risk for developing another moderate or severe reaction should breakthrough occur;

5) Severe allergies to any other substance (which includes IV iodinated contrast) are associated with a somewhat higher risk of developing a moderate or severe breakthrough reaction. This is also true of patients with more than four allergies, any drug allergy, and chronic use of oral corticosteroids.

**Other Considerations**

Contrast reactions occur despite premedication prophylaxis. The radiologist must be prepared and able to treat these reactions. Most commonly, a repeat reaction will be similar to the patients' initial reaction; however, there is a chance that a recurrent reaction will be more or less severe.

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## PRE-MEDICATION PROTOCOL

### Purpose

To decrease the risk of adverse events related to the injection of MRI contrast medium, premedication will be administered to those patients that have had a moderate contrast reaction to a previous ionic or gadolinium-based contrast injection.

Moderate contrast reaction includes patients that have experienced hives, sneezing, cough and/or wheezing after a contrast reaction.

### Protocol

1. Patients will be screened at the time of scheduling for a prior reaction to contrast. If the patient fits the outlined criteria for pre-medication, they will be instructed to pick up a pre-medication packet.

   Prior reactions are defined as:
   - A. Mild / Moderate:
     - Dermal (hives, Erythema)
     - Nasal/ mucosa (sneezing rhinitis, scratchy throat, itchy eyes)
   - B. Severe / Anaphylactic:
     - Hypotension
     - Severe shortness of breath
     - Syncope
     - Angioedema (swelling of the face, mouth, and or throat)
     - Difficulty swallowing
   - C. Delayed reactions:
     1. Adverse cutaneus symptoms. The onset of delayed cutaneous reactions ranges from 3 hours to 7 days following IV contrast administration. Patient may experience a rash that is macular or maculopapular with pruritus. These reactions tend to be self-limiting.

   **Patients WILL be pre-medicated in the following circumstances:**

   - A. History of prior Mild or Moderate reaction to IV contrast.
   - B. History of prior Mild or Moderate reaction to IV contrast DESPITE being pre-medicated. (Often called "breakthrough reaction"). Breakthrough reactions following pre-medication within the Mild to Moderate scope of reaction are not a contraindication to subsequent imaging with IV contrast administration.

   **IV contrast WILL NOT be administered to any patient that has a history of prior anaphylactic reaction to iodinated contrast, even if that patient is pre-medicated.**

2. For regions that supply the pre-medication, the packet must be picked up at least 24-hours prior to the scheduled exam appointment. For regions that have the referring physician supply the pre-medication, the center will provide detailed information to the referring physician.

3. When the patient arrives in the office to pick up pre-medication, a detailed history about prior contrast reactions shall be obtained by the technologist.

4. The technologist will relay the patient history to the radiologist, who will then either approve or deny the patient for pre-medication.
   a. If the radiologist approves the need for pre-medication, he or she will sign the pre-medication log sheet.
   b. The technologist should then document in the RIS under the patient's appointment that pre-medication was dispensed and the patient alert "Needs pre-med for MRI/CT/IVP contrast injections" should be added.
   c. Pre-medication will only be dispensed during normal business hours when a radiologist is on-site.

5. If the radiologist feels that premedication is not appropriate for a patient, the technologist will need to inquire as to why.
   - Can the patient's procedure be done without premedication?
   - Does the patient need to be premedicated and done in a hospital setting?
   - Should the patient be scanned without IV contrast?
   - Is another test recommended that will not require a contrast injection?

   Once the decision is made, the technologist will need to communicate the information to the patient and referring physician.

6. Final decision regarding pre-medication is at the discretion of the radiologist. The radiologist can choose one of the "Recommended Pre-Medication Regimens" in the previous protocol or develop a similar regimen based on the patient's needs.

## RECOMMENDED PRE-MEDICATION REGIMENS

### Note

The information in this protocol was taken from the ACR Manual on Contrast Media. It is recommended that you refer to the ACR website at www.acr.org to ensure you are following the most current pre-medication recommendations.

### Purpose

To recommend protocols for pre-treating patients who are "at-risk" for experiencing a contrast media reaction.

### Protocol

Several premedication regimens have been proposed to reduce the frequency and/or severity of reactions to contrast media. Criteria for pre-medication include a previous history of contrast reaction with the exception of heat sensation. The current premedication regimens recommended by the ACR are:

### Adult Elective Premedication

1. Methylprednisolone (Medrol®): 32 mg by mouth 12 hours and 2 hours before contrast media injection

   Diphenhydramine (Benadryl®): 50 mg by mouth, 1 hour before contrast medium can also be added to this regimen injection.

2. Prednisone: 50 mg by mouth at 13 hours, 7 hours, and 1 hour before contrast media injection; plus

   Diphenhydramine (Benadryl®): 50 mg by mouth, 1 hour before contrast medium can also be added to this regimen injection.

### Adult Emergency Premedication (Urgent, NPO Only, ER, Inpatient)

1. Hydrocortisone 200 mg IV 5 hours and 1 hour before contrast media injection and Benadryl 50 mg IV 1 hour prior.

### Pediatric Corticosteroid and Antihistamine Premedication (Region/Clinician Specific)

Radiologists do not typically order pediatric premedication. These are the ACR recommended guidelines should a referring physician wish to premedicate a pediatric patient.

1. Prednisone: 0.5 to 0.7 mg/kg PO (up to 50 mg) at 13, 7 and 1 hours prior to contrast injection.

2. Diphenhydramine: 1.25 mg/kg PO (up to 50 mg) at 1 hour prior to contrast injection

NOTE: Appropriate intravenous doses may be substituted for patients who cannot ingest PO medications.

## EXTRAVASATION / INFILTRATION OF CONTRAST MEDIA

### Background Note

The information in this guideline was taken from the ACR Manual on Contrast Media Version 9. While we provide this as an educational tool, it is recommended that you refer to the ACR website at www.acr.org to ensure you are following the most current guidelines regarding contrast extravasation.

### Initial Signs and Symptoms

Although most patients complain of initial swelling or tightness, and/or stinging or burning pain at the injection site of extravasation, some experience little or no discomfort. On physical examination, the extravasation site may be edematous, erythematous, and tender.

### Sequelae of Extravasations

Most extravasations are limited to the immediately adjacent soft tissues (typically the skin and subcutaneous tissues). Usually there is no permanent injury. **Because smaller volumes (and molar equivalents) of MRI contrast agents are used (compared with iodinated contrast media), the likelihood of a significant injury resulting from extravasated MRI contrast agent is extremely low.**

### Evaluation

Because the severity and prognosis of a contrast medium extravasation injury are difficult to determine on initial evaluation of the affected site, close clinical follow-up should be performed as needed for patients in whom extravasation occurs. A radiologist, nurse or nurse practitioner must examine patients who have an extravasation. It is recommended to call the patient the following day to assess their status.

### Treatment

There is no clear consensus regarding effective treatment for contrast medium extravasation. Elevation of the affected extremity above the level of the heart to decrease capillary hydrostatic pressure and thereby promote absorption of extravasated fluid is recommended.

There is no clear evidence favoring the use of either warm or cold compresses in cases of extravasation. As a result, there are some radiologists who use warm compresses and some who use cold compresses. Those who have used cold have reported that it may be helpful for relieving pain at the injection site. Those who have used heat have found it helpful in improving absorption of the extravasation as well as in improving blood flow, particularly distal to the site.

Outpatients who have suffered contrast media extravasation should be released from the radiology department only after the radiologist, nurse or nurse practitioner is satisfied that any signs and symptoms that were present initially have improved or that new symptoms have not developed during the observation period. Clear instructions should be given to the patient to seek additional medical care should there be any worsening of symptoms, skin ulceration, or the development of any neurologic or circulatory symptoms, including parasthesias.

**Surgical Consultations**

Surgical consultation should be obtained whenever there is concern for a severe extravasation injury. An immediate surgical consultation is indicated for any patient in whom ore or more of the following signs or symptoms develops: progressive swelling or pain, altered tissue perfusion as evidenced by decreased capillary refill at any time after the extravasation has occurred, change in sensation in the affected limb, and skin ulceration or blistering. It is important to note that initial symptoms or a compartment syndrome may be relatively mild (such as limited to the development of focal parasthesias).

If the patient is totally asymptomatic, as is common with extravasations in the upper arm, careful evaluation and appropriate clinical follow-up are usually sufficient.

**Patients at Increased Risk for Extravasations**

Certain patients have been found to be at increased risk for extravasations, including those who cannot communicate adequately (e.g., the elderly, infants and children, and patients with altered consciousness), severely ill or debilitated patients, and patients with abnormal circulation in the limb to be injected. Patients with altered circulation include those with atherosclerotic peripheral vascular disease, diabetic vascular disease, Reynaud's disease, venous thrombosis or insufficiency, or prior radiation therapy or extensive surgery (e.g., maxillary lymph node dissection or saphenous vein graft harvesting) in the limb to be injected.

Certain intravenous access sites (e.g., hand, wrist, foot and ankle) are more likely to result in extravasation and should be avoided if possible. In addition, injection through indwelling peripheral intravenous lines that have been in place for more than 24 hours and multiple punctures into the same vein are associated with an increased risk of extravasation.

If lymph nodes have been removed from either limb, it is recommended that the opposite limb be used for IV access. If lymph nodes have been removed from both limbs, injection should be performed under the direction of the radiologist.

**Patients at Increased Risk for a Severe Injury Once an Extravasation Occurs**

A severe extravasation injury is more likely to result from an extravasation in patients with arterial insufficiency or compromised venous or lymphatic drainage in the affected extremity. In addition, extravasations involving larger volumes of contrast media and those occurring in the dorsum of the hand, foot or ankle are more likely to result in tissue damage.

**Documentation of Extravasations**

All extravasation events and their treatment should be documented, especially in the dictated imaging report of the obtained study, and the referring physician should be notified.

**MRI.POL.007**
**MRI Manual / Regulatory Affairs**
**Original Effective Date: August 1, 2010**
**Effective Date: March 1, 2018**

## IV EXTRAVASATION / INFILTRATION PROTOCOL

### Purpose

When a suspected infiltrate occurs during an IV contrast injection, the following protocol outlines the actions, communication and documentation steps that must be completed by MRI personnel.

### Procedure

1. The technologist or tech aide will notify the radiologist or supervising physician immediately. The radiologist or a nurse or nurse practitioner will need to examine the patient.

2. The technologist will present the **IV Contrast Extravasation Discharge Instructions form** to the radiologist, supervising physician, nurse or nurse practitioner to be reviewed with the patient.

3. **Both the patient and the reviewing healthcare worker will sign and date the instruction sheet.**

4. Scan the signed document into the RIS and **give the instruction sheet to the patient.**

5. **The center should contact the referring physician and let him/her know about any significant infiltrate (20 cc or greater volume).**

6. The radiologist must dictate into the report that an infiltrate occurred and if there has been any communication to the referring physician.

7. The technologist will complete an Incident Report form. The radiologist, supervising physician, nurse or nurse practitioner will provide a statement on the condition of the patient and any treatment given for the comments section of the Incident Report.

8. **Later that day or the next morning, the technologist, nurse or nurse practitioner will make a follow-up phone call to the patient.** They will ask about the current condition of the patient and document such on the Incident Report. Specific questions regarding breaking of skin, blistering, and level of improvement or worsening should be asked. If you have any concerns while talking to the patient, notify the radiologist immediately.

Effective Date: January 1, 2015

RadNet **IV CONTRAST EXTRAVASATION DISCHARGE INSTRUCTIONS**

Patient Name: _____ Phone: _____ Date: _____

Referring Dr.: _____ Dr's Phone #: _____

Medication/Contrast: _____ Volume Administered: _____

Imaging Center: _____ Center Phone #: _____

Center Address: _____ City: _____ State: _____ ZIP: _____

**Patient Information:**

Your physician prescribed a contrast injection that aids in enhancing your examination. During injection, it is believed or known that some of the contrast material infiltrated the soft tissues surrounding the injection site. Common side effects of contrast extravasation include swelling, redness and tenderness of the area.

Because the severity and prognosis of the injury are difficult to determine on initial evaluation of the affected site, close clinical follow-up for several hours is essential.

1. Apply moist compresses and elevate the affected area for twenty-four hours.
   Use only water from the faucet to heat or cool the compresses.
   - ❑ **The Radiologist recommends Warm Compresses and gentle massage.**
     To avoid burning, the water used must be no greater than 100 degrees Fahrenheit.
   - ❑ **The Radiologist recommends Cold Compresses and gentle massage.**
     Do not apply ice packs or cold packs directly to the skin, use a cool cloth.
   - ❑ **The Radiologist recommends alternating Warm and Cold Compresses and gentle massage.**
     To avoid burning, the water used must be no greater than 100 degrees Fahrenheit.
     Do not apply ice packs or cold packs directly to the skin, use a cool cloth.
2. Swelling may last for two or three days and should gradually decrease. If swelling increases, call your physician immediately for a consultation.
3. If blistering or breaking of the skin occurs, call your physician immediately for a consultation.
4. If there is an increase in heat, redness, pain, or any other problem relating to the injection site, call your physician immediately for a consultation.
5. If problems occur when your physician is not available, go to the emergency room.
6. We will gladly cooperate with your treating physician by providing information on the contrast or medication injection you received. Please notify us at the imaging center phone number at the top of this form if you seek treatment for the injection site related to today's exam.

**In case emergency or follow-up care is sought, take this form so the treating physician will know what type of medication or contrast you received.**

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:
Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Title: _____
(Technologist, Radiologist or RN)

Scan the signed document into RIS and give a copy to the patient.

**MRI.POL.007**
**MRI Manual / Regulatory Affairs**
**Original Effective Date: August 1, 2010**
**Effective Date: March 1, 2018**

## TECHNOLOGISTS DISPENSING AND INJECTING MRI CONTRAST AGENTS

### Purpose

To define the levels of physician supervision required for contrast enhanced MRI exams.

### Guideline

State law presiding over most Company facilities allows MRI Technologists and Radiologic Nurses to inject gadolinium-based contrast agents under the direct order and supervision of a physician.

Unless State law indicates otherwise, technologists who have passed a state approved injection-training program with documented clinical injections may perform MRI contrast agent injections under general supervision.

Technologists performing injections must provide proof of training.

MRI Students are not to perform injections of contrast media.

### Levels of Physician Supervision

1. **General Supervision:** The procedure must be furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the non-physician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

2. **Direct Supervision**: In an office setting, the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. However, the physician need not be present in the room when the procedure is performed.

3. **Personal Supervision**: The physician must be in attendance in the room during the performance of the procedure.

**MRI.POL.007**
**MRI Manual / Regulatory Affairs**
**Original Effective Date: August 1, 2010**
**Effective Date: March 1, 2018**

## EMERGENCY CRASH CART

### Guideline

It is the guideline of the Company to stock appropriate emergency drugs and monitoring equipment in its crash cart in the event of an emergency that is appropriate for the patient population served. (Cardiac arrest, allergic reaction, etc.)

### Procedure

1. The cart shall be checked weekly (daily - where applicable) and following any event that requires the cart to be opened by the chief technologist, and restocked if necessary.
2. A record shall be kept on site as to when and who last checked the cart.
3. Drugs and supplies can be reordered through the medical directors DEA or prescription at a local pharmacy.
4. Crash cart contents are subject to change on a per-site basis. Please refer to contents list on/in the crash cart for the most current stocking levels for that particular site.

**Crash Cart Supplies should include at a minimum:**

- Stethoscope and Blood Pressure cuff
- O2 tank
- O2 Nasal Cannula (Adult and Pediatric)
- Ambu Bag (Adult and Pediatric)
- Laryngoscopes (Adult and Pediatric)
- Endotracheal Tubes (Adult and Pediatric)
- Tongue Blades
- Gloves
- 20cc syringes
- 10 cc syringes
- 5cc syringes
- 3cc syringes
- 1cc syringes
- IV Catheters 22g, 20g, 18g
- IV Tubing
- IV Set with Y Connector
- Tourniquets
- Gauze 4 x 4
- Tape – Transpore 1" Hypoallergenic
- Ammonia Inhalants

**Crash Cart Drugs should include at a minimum:**

- Atropine 0.1 mg/ml
- Benadryl 50mg/ml
- Dextrose 250 mg/ml
- Dextrose 50% Solution - 500 ml IV bags
- Epinephrine 1:10,000 Pre-Filled Syringe
- Epinephrine 1:10,000 Ampule
- Epinephrine 1: 1,000 Ampule (Sub Q)
- Heparin 10,000 units/ml

- Lactated Ringers Solution 500 ml IV bag
- Lidocaine 2%
- Nitroglycerine PO
- Normal Saline 0.9% 30ml vial
- Procainamide 100mg/ml vial
- Sodium Chloride Solution - 500 ml IV bags
- Solu-Medrol or Solu-Cortef 125 mg/ml IV
- Ventolin Inhaler

Facility Name: _____
Address: _____
City, State ZIP: _____

RadNet

# MRI PATIENT HISTORY AND CONSENT

Effective Date: February 1, 2018

## PATIENT DEMOGRAPHICS

Patient Name: _____ Medical Record #: _____
Date of Exam: _____ Referring Dr.: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____ ☐ Male ☐ Female

## WARNING: THE MRI SYSTEM MAGNET IS ALWAYS ON

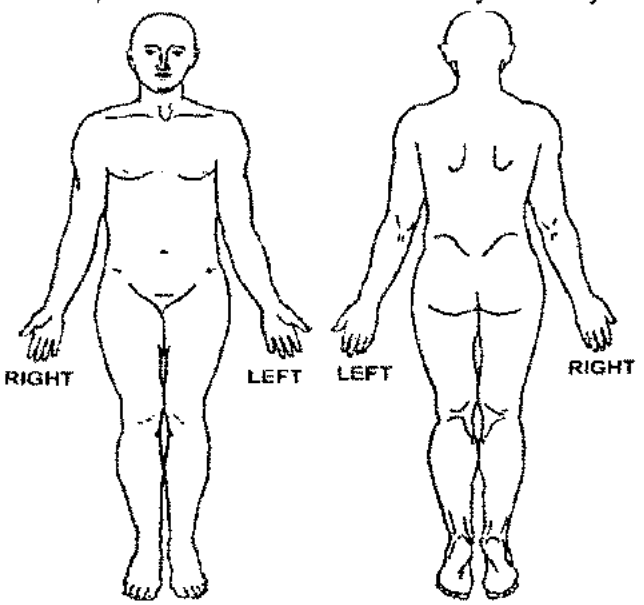
Certain implants, devices or objects may be hazardous and/or may interfere with your MRI procedure. Do not enter the MRI exam room if you have questions or concern regarding an implant, device or object. Consult the MRI Technologist BEFORE entering the MRI exam room.

## DO YOU HAVE ANY OF THE FOLLOWING?

☐ YES ☐ NO Injury to your eye involving metal
☐ YES ☐ NO Any metallic fragment or foreign body
☐ YES ☐ NO Aneurysm clip(s)
☐ YES ☐ NO Cardiac pacemaker
☐ YES ☐ NO Implanted cardioverter defibrillator (ICD)
☐ YES ☐ NO Electronic implant or device
☐ YES ☐ NO Magnetically-activated implant or device
☐ YES ☐ NO Neurostimulation system
☐ YES ☐ NO Spinal cord stimulator
☐ YES ☐ NO Internal electrodes or wires
☐ YES ☐ NO Bone growth / bone fusion stimulator
☐ YES ☐ NO Cochlear, otologic or other ear implant
☐ YES ☐ NO Insulin or other infusion pump
☐ YES ☐ NO Implanted drug infusion device
☐ YES ☐ NO Any type of prosthesis (eye, penile, etc.)
☐ YES ☐ NO Heart valve prosthesis
☐ YES ☐ NO Eyelid spring or wire
☐ YES ☐ NO Artificial or prosthetic limb
☐ YES ☐ NO Metallic stent, filter or coil
☐ YES ☐ NO Shunt (spinal or intraventricular)
☐ YES ☐ NO Vascular access port and/or catheter
☐ YES ☐ NO Radiation seeds or implants
☐ YES ☐ NO Swan-Ganz or thermodilution catheter
☐ YES ☐ NO Medication patch (Nicotine, Nitroglycerine, etc.)
☐ YES ☐ NO Wire mesh implant
☐ YES ☐ NO Tissue expander (breast or other)
☐ YES ☐ NO Surgical staples, clips or metallic sutures
☐ YES ☐ NO Joint replacement (hip, knee, etc.)
☐ YES ☐ NO Bone/joint pin, screw, nail, wire, plate, etc.
☐ YES ☐ NO IUD, diaphragm or pessary
☐ YES ☐ NO Other implant: _____
☐ YES ☐ NO Dentures or partial plates
☐ YES ☐ NO Tattoo or permanent makeup
☐ YES ☐ NO Body piercing jewelry
☐ YES ☐ NO Hearing aid (remove before entering exam room)
☐ YES ☐ NO Breathing problem or motion disorder
☐ YES ☐ NO Claustrophobia

## IMPORTANT INSTRUCTIONS

Mark on the figure below the location of any implant or metal inside of or on your body




Remove ALL metallic objects in the dressing room, including:

- hearing aids
- dentures and partial plates
- cell phone and pagers
- keys
- eyeglasses
- hair pins and barrettes
- jewelry and watch, including body piercing jewelry
- safety pins
- money clip and coins
- credit cards, bank cards and magnetic strip cards
- pens
- pocket knife
- nail clipper
- clothing with metal fasteners and metallic threads
- steel-toed boots/shoes
- tools
- all loose metallic objects

**★ Consult the MRI Technologist if you have any questions or concerns BEFORE you enter the exam**

Technologist Notes:

**★ All patients having MRI studies MUST wear hearing protection (ear plugs or ear muffs). No exceptions.**

## PREGNANCY and BREASTFEEDING STATUS

★ If a mother desires, she may refrain from breastfeeding for 24 hours and discard milk after gadolinium injections.

Are you: **Pregnant?** ☐ Yes ☐ No **Possibly Pregnant?** ☐ Yes ☐ No **Breast Feeding?** ☐ Yes ☐ No

Date of Last Menstrual Period: _____

## SKIN WARMING

★ MRI Radiofrequency has the potential to cause tissue heating. Precautions will be taken to avoid this.
**Alert the technologist immediately if you notice any heating sensations during your MRI scan.**

## PIERCINGS, COSMETIC IMPLANTS, TATTOOS AND PERMANENT MAKEUP

★ A small number of patients have experienced transient skin irritation, swelling, bruising or heating sensations at the site of piercings, cosmetic implants, tattoos and permanent makeup in association with MR procedures.
**Individuals with these items should inform the technologist so precautions can be taken.**

## MEDICAL HISTORY

Why are you having this test done? What is the reason?

_____

Where/What area is the problem? Body part involved?

_____

Which side (left/right/upper/lower)? _____

When did your symptoms start? _____

Describe the problem it is giving you. _____

_____

_____

Check all that are applicable to your symptoms:

☐ Acute (present or a severe and intense degree)
☐ Chronic (persisting a long time / constantly recurring)
☐ Intermittent ☐ Transient (lasts only a short time)
☐ Primary Issue ☐ Secondary due to another issue

List any tests you had at other facilities for this problem:
Ex: Lab, X-Ray, Upper GI, BE, Ultrasound, MRI, CT

Test – Date – Where

_____

_____

List surgeries you have had and date of surgery:

_____

_____

Do you have or ever had cancer? ☐ Yes ☐ No
If yes: What Type – Where (body part)

_____

What type of treatment did you receive and when?

_____

Did you injure the area of interest? ☐ Yes ☐ No
If yes, describe: _____

List all medications you are taking and what they're for:

_____

_____

Have you been in the hospital within the last week?
☐ Yes ☐ No If yes, describe below:

_____

Have you ever experienced any problem related to a previous MRI procedure or MRI contrast? ☐ Yes ☐ No

_____

| DO YOU HAVE ANY OF THE FOLLOWING? | TECHNOLOGIST NOTES |
|---|---|
| ☐ YES ☐ NO Kidney disease or kidney injury | _____ |
| ☐ YES ☐ NO Kidney surgery, transplant, single kidney | _____ |
| ☐ YES ☐ NO Kidney tumor or cancer | _____ |
| ☐ YES ☐ NO Diabetes | _____ |
| ☐ YES ☐ NO Are on dialysis | _____ |
| ☐ YES ☐ NO Chemotherapy in the past 3 months | _____ |
| ☐ YES ☐ NO Take medication for hypertension (follow local protocol) | _____ |
| ☐ YES ☐ NO Past allergic reaction to gadolinium or iodine contrast | _____ |
| ☐ YES ☐ NO Asthma or allergy | _____ |

## CONTRAST CONSENT

**Due to your medical history, or as requested by your physician, an injection of MRI gadolinium contrast may be necessary to aid the radiologist in evaluating your MRI scan.**

The Food and Drug Administration has approved this agent. A very small percentage of patients receiving gadolinium may develop a headache or experience mild nausea. Rarely, local inflammation may occur at the injection site.

☐ I CONSENT to having Gadolinium contrast as needed. (Check box if you agree to contrast)
☐ I DECLINE having a Gadolinium contrast injection at this time. (Check box if you disagree to contrast)

I attest that the information on this form is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the MR procedure I am about to undergo.

**I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).**

Patient/Guardian Signature: _____ Date: _____

**FOR STAFF USE:** Screening Performed By: ☐ MR Technologist ☐ Nurse ☐ Radiologist ☐ Other: _____

Staff Signature: _____ Print Name: _____

RadNet

# MRI Breast History Form

Name: _____ Age: _____ Date of Exam: _____

Referring Doctor: _____ Imaging Center: _____

Why are you having this exam? _____

List any symptoms, issues, area of concern, and how long: _____

Prior Mammogram or Ultrasound? ☐ Yes ☐ No When? _____ Where? _____

Prior Breast MRI? ☐ Yes ☐ No When? _____ Where? _____

## PHYSICAL CONCERNS

| | | | Right | Left | How Long? |
|---|---|---|---|---|---|
| Do you feel a lump? | ☐ Yes | ☐ No | | | |
| Is this a new finding? | ☐ Yes | ☐ No | | | |
| Focal or specific point of pain? | ☐ Yes | ☐ No | | | |
| Have you had recent trauma to a breast? | ☐ Yes | ☐ No | | | |
| Nipple discharge or retraction? | ☐ Yes | ☐ No | | | |
| Skin dimpling? | ☐ Yes | ☐ No | | | |

Additional Information: _____

## BREAST SURGICAL HISTORY

| | | | Right | Left | Month / Year |
|---|---|---|---|---|---|
| Previous Breast Cancer | ☐ Yes | ☐ No | | | |
| Mastectomy | ☐ Yes | ☐ No | | | |
| Lumpectomy (cancer) | ☐ Yes | ☐ No | | | |
| Radiation Therapy | ☐ Yes | ☐ No | | | |
| Chemotherapy | ☐ Yes | ☐ No | | | |
| Biopsy (Needle or Surgical) | ☐ Yes | ☐ No | | | |
| Needle Aspiration | ☐ Yes | ☐ No | | | |
| Reconstruction / Reduction | ☐ Yes | ☐ No | | | |
| Implants or Silicone Injections | ☐ Yes | ☐ No | | | |
| Tissue Expander | ☐ Yes | ☐ No | | | |

Additional Information: _____

## GENERAL HISTORY

Are you pregnant? ☐ Yes ☐ No

Breast fed within last 4-6 months? ☐ Yes ☐ No

A family history of breast cancer? ☐ Yes ☐ No

Which relative and age? _____

Have you had any other cancer? ☐ Yes ☐ No

If yes, what kind? _____

Age at your first full term pregnancy? _____ Years

## MENSTRUAL HISTORY

1st day of your last period: _____

Menopause? ☐ Yes ☐ No

Hysterectomy? ☐ Yes ☐ No

Are you taking hormones or birth control? ☐ Yes ☐ No

If yes, what kind? _____

If yes, how long? _____

Enter any additional information below:

## NOTE

If a Mammogram or Breast Ultrasound is performed the same day as a Breast MRI, these are considered separate studies and there is an additional charge for these exams. **Patient Signature:** _____

## FOR OFFICE USE ONLY

Clinical Indications/Notes:

RadNet

# MRI Breast Implant History Form

Name: _____ Age: _____ Date of Exam: _____

Referring Doctor: _____ Imaging Center: _____

Why are you having this exam? _____

List any symptoms, issues, area of concern, how long: _____

Have you had a Mammogram/Ultrasound before? ☐ Yes ☐ No When? _____ Where? _____

Have you ever had a Breast MRI before? . . . . . ☐ Yes ☐ No When? _____ Where? _____

## PHYSICAL IMPLANT

| | | | Right | Left | Date of Surgery? |
|---|---|---|---|---|---|
| Silicone? . . . . . | ☐ Yes | ☐ No | | | |
| Saline? . . . . . | ☐ Yes | ☐ No | | | |
| Single Lumen?. . . . . | ☐ Yes | ☐ No | | | |
| Double Lumen? . . . . . | ☐ Yes | ☐ No | | | |
| Retro-pectoral (behind chest muscle)? . . . . . | ☐ Yes | ☐ No | | | |
| Retro-glandular (over chest muscle)? . . . . . | ☐ Yes | ☐ No | | | |
| Have you had recent trauma to the implant? . . . . . | ☐ Yes | ☐ No | | | |
| Nipple discharge or retraction? . . . . . | ☐ Yes | ☐ No | | | |

Type of implant? _____

Additional Information: _____

## BREAST SURGICAL / IMPLANT HISTORY

| | | | Right | Left | Month / Year |
|---|---|---|---|---|---|
| Did you have breast implants before these? . . . . . | ☐ Yes | ☐ No | | | |
| If so, why were they removed? _____ | | | | | |
| Did you have steroid solution with original implants? | ☐ Yes | ☐ No | | | |
| Did you have steroid injections in your breasts? . . | ☐ Yes | ☐ No | | | |
| Did you have silicone or paraffin breast injections? | ☐ Yes | ☐ No | | | |
| Are you planning to have the implants removed? . | ☐ Yes | ☐ No | | | |
| Did you have any tissue expanders implanted? . . . | ☐ | ☐ | | | |
| Have you ever had "closed capsulotomies" where the doctor presses firmly on your breast to release contractions or fibrous bands? (If so, list approximate date(s) . . . | ☐ Yes | ☐ No | | | |

Additional Information: _____

## GENERAL HISTORY

| | | | |
|---|---|---|---|
| Are you pregnant? . . . . . | ☐ Yes | ☐ No | 1st day of your last period: _____ |
| Are you pre-menopausal? . . . . . | ☐ Yes | ☐ No | Day of menstrual cycle today? _____ |
| Are you post-menopausal?. . . . . | ☐ Yes | ☐ No | If yes, since when? _____ |
| Are you on hormone replacements? | ☐ Yes | ☐ No | If yes, list type: _____ |

If you quit taking hormone replacement therapy, how long ago did you quit? _____

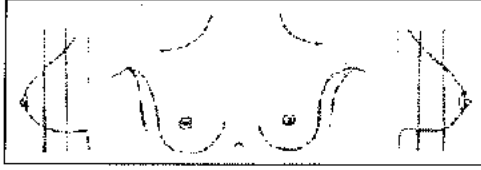
Additional Information: _____

## NOTE

If a Mammogram or Breast Ultrasound is performed the same day as a Breast MRI, these are considered separate studies and there is an additional charge for these exams. **Patient Signature:** _____

## FOR OFFICE USE ONLY

**Clinical Indications/Notes:**



Facility Name: _____
Address: _____
City, State ZIP: _____

RadNet

# MRI VISITOR SCREENING FORM

Effective Date: July 21, 2017

**ALL PERSONS ACCOMPANYING PATIENTS INTO THE MRI EXAM ROOM MUST BE SCREENED**

Name of Person Accompanying Patient into MRI Exam Room: _____
Reason for Accompanying the Patient: _____
Patient's Name: _____ Date of Exam: _____

**WARNING: THE MRI SYSTEM MAGNET IS ALWAYS ON**

The MRI system has a very strong magnetic field that may be hazardous to persons entering the exam room if they have certain metallic, electronic, magnetic, or mechanical implants, devices or objects. Therefore, ALL visitors are required to fill out this form BEFORE entering the MRI exam room.

**FOR YOUR SAFETY:**
**VISITORS ACCOMPANYING PATIENTS SHOULD CHANGE INTO THE GOWN OR SCRUBS PROVIDED. WE SUGGEST WEARING HEARING PROTECTION WHILE IN THE MRI EXAM ROOM.**

☐ Yes ☐ No Have you had prior surgery or an operation (Ex: arthroscopy, endoscopy, etc.) of any kind?
If yes, list type of surgery and date: _____

☐ Yes ☐ No Have you had an injury to the eye involving a metallic object (Ex: metallic slivers, foreign body)?
If yes, please describe: _____

☐ Yes ☐ No Have you ever been injured by a metallic object or foreign body (Ex: BB, bullet, shrapnel, etc.)?
If yes, please describe: _____

☐ Yes ☐ No Are you pregnant or suspect that you might be pregnant?

**CHECK ANY YOU HAVE BELOW**

- ☐ Aneurysm clip(s)
- ☐ Cardiac pacemaker
- ☐ Implanted cardioverter defibrillator (ICD)
- ☐ Electronic implant or device
- ☐ Magnetically-activated implant or device
- ☐ Neurostimulation system
- ☐ Spinal cord stimulator
- ☐ Cochlear, otologic or ear implant
- ☐ Insulin or infusion pump
- ☐ Implanted drug infusion device
- ☐ Any type of prosthesis or implant
- ☐ Artificial or prosthetic limb
- ☐ Any metallic fragment or foreign body
- ☐ Any internal or external metallic object
- ☐ Body piercing jewelry
- ☐ Hearing aid
- ☐ Other implant: _____
- ☐ Other device: _____

**IMPORTANT INSTRUCTIONS**

Remove all metallic objects in the dressing room, including:

- hearing aids
- cell phone and pagers
- keys
- eyeglasses
- hair pins and barrettes
- jewelry (including body piercing jewelry)
- watch
- safety pins
- money clip and coins
- credit cards, bank cards and magnetic strip cards
- pens
- pocket knife
- nail clipper
- steel-toed boots/shoes
- tools
- all loose metallic objects

Consult the MRI Technologist if you have any questions or concerns BEFORE you enter the exam room.

**VISITOR ATTESTATION**

I attest that the information on this form is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding my safety in the MRI exam room.

Visitor Signature: _____ Date: _____

**FOR STAFF USE:**

Screening Performed By: ☐ MRI Technologist ☐ Nurse ☐ Radiologist ☐ Other: _____

Staff Signature: _____ Print Name: _____

** Scan this form into the medical record of the patient who this visitor accompanied **

RadNet

# INFORMED CONSENT - MRI BREAST EXAM

Patient Name: _____ Medical Record #: _____

Imaging Center: _____ Date: _____

## Patient Information:

We have been asked to perform a magnetic resonance (MR) imaging exam of your breasts. This specialized study is usually done for a breast lump or mammographic finding thought to possibly be cancer, or to define the extent of a known breast tumor.

Listed below are some of the advantages and limitations of this exam. Advantages and Limitations:
Breast MRI can often detect breast cancers down to about 3-5mm in diameter (the size of a pea), even when mammograms or physical exam are normal; however, tumors smaller than 3mm can be missed. Rarely larger cancers, which do not take up the MRI contrast material well, may not be detected. Also, some benign breast disorders may look like cancer and may then require ultrasound or biopsy for final diagnosis.

Some forms of noninvasive breast cancer called ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) may not be detected by this exam, but may be seen on mammograms or on the pathology slides from a biopsy or surgery. Therefore, mammograms remain very important for diagnosis and, especially, follow-up.

MRI of the breast, when used together with mammography and breast exam, can help improve breast cancer diagnosis. As a result, insurance coverage for cancer-related breast MRI has been generally favorable.

This exam may show the lymph nodes under the arm and in the chest; although some of these may appear normal, they may still contain tumor when examined by the pathologist's microscope. High-resolution ultrasound is usually done after the MRI to check areas seen on the MRI exam.

## Patient Attestation:

My signature on this form indicates that I have:

1. Read and understood the information provided in this form;
2. Authorize and consent to the performance of this procedure;
3. Have been informed about this procedure and had a chance to ask questions.

**I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).**

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Title: _____
(Technologist, Radiologist or RN)

RadNet

# INFORMED CONSENT - MRI DURING PREGNANCY

Patient Name: _____ Medical Record #: _____

Imaging Center: _____ Date: _____

**Patient Information:**

In general, there are no known risks of using MRI in pregnant patients. However, MRI is reserved for use in pregnant patients only to address very important problems or suspected abnormalities.

In any case, MRI is safer for the fetus than imaging with x-rays. The main safety issues are related to possible bio-effects of the static magnetic field of the MR system, the risks associated with exposure to the gradient magnetic fields, the potential adverse effects of the radiofrequency (RF) electromagnetic fields, and possible adverse effects related to the combination of these three different electromagnetic fields.

To date, there is no conclusive scientific evidence to support a direct relationship between exposure to MRI and to any hazards to the developing fetus. According to the Safety Committee of the Society for Magnetic Resonance Imaging, MR procedures are indicated for use in pregnant women if other non-ionizing forms of diagnostic imaging are inadequate, or if the examination provides important information that would otherwise require exposure to ionizing radiation (i.e., x-ray, CT, etc).

As stated, although there is no indication that the use of clinical MR procedures during pregnancy produces deleterious effects, according to the FDA, the safety of MR procedures during pregnancy has not been definitively proven.

MR imaging of pregnant patients is carried out when the patient's physician has decided that the advantages of MRI outweigh the potential risks.

**Gadolinium is not recommended for use in pregnancy.** Gadolinium has been shown to cross the placenta and appear within the fetal bladder after intravenous administration.

**Patient Attestation:**

My signature on this form indicates that I have:

1. Read the above warning and understand the potential effects to my unborn fetus;
2. Authorize and consent to have this MRI procedure as prescribed by my physician;
3. Have been informed about this procedure and had a chance to ask questions.

**I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).**

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:

Parent/Guardian Signature: _____ Date: _____

Radiologist Signature: _____ Date: _____

RadNet

# INFORMED CONSENT – VOLUNTARY MRI PROCEDURE

Patient Name: _____ Medical Record #: _____

Imaging Center: _____ Date: _____

Procedure: _____

**Patient Information:**

**Purpose:** You have been selected to participate in a study of a new MRI procedure being conducted at the imaging center named above. Your participation in this study is entirely voluntary.

This study is designed to evaluate the effectiveness of a new scan protocol. Specifically, using this technology, we hope to develop a diagnostic imaging protocol that will increase our ability to diagnose disease and allow physicians to better treat their patients.

**Procedure:** You will be asked to review and complete additional paperwork specific to the MRI procedure you volunteered to receive. This will allow us to document your medical history, discover if you have any contraindications to the procedure, and provide details about any possible risks or side effects. It is important that you ask questions about anything you do not understand. You have the right to consent to or refuse any proposed procedure based upon the description or explanation received.

Today you will be undergoing a MRI scan. MRI is a painless diagnostic imaging technique that has the advantage of avoiding x-ray radiation exposure. There are no known side effects of a MRI scan. During the scan, you must lie very still inside the magnetic tube. There will be loud, repetitive clicking noises which occur during the test as the scanning proceeds. Occasionally, patients require liquid contrast to be injected intravenously to enhance the images. The scan time depends on the exact area of the body studied, but ranges from 30 to 90 minutes.

Some patients can experience a claustrophobic sensation during the procedure. Therefore, patients with any history or claustrophobia should inform the imaging center staff prior to the exam. The MRI technologist will be nearby during the scan. There is usually a means of communication with the staff, such as a buzzer held by the patient, which can be used for contact if you cannot tolerate the scan.

**Contraindications:** All metallic objects on the body must be removed prior to obtaining a MRI scan. Patients with pacemakers, metallic implants, or metal chips or clips inside their body may not be able to be scanned because of the effect of the magnet on these objects. A technologist will review your history form carefully to determine if you have any contraindications that would prohibit you from having a MRI.

**MRI Contrast:** Gadolinium contrast is sometimes used during a MRI scan to make certain tissues, abnormalities or disease processes more clearly visible. Gadolinium contrast medium is given by intravenous injection through a small needle into a vein in your arm, either by hand injection or by an automated injector. Most patients will not notice any sensations, although a small number will report a cold feeling in the arm during the injection and an even smaller number will notice mild nausea. Headache and vomiting occurs rarely. Allergic (anaphylactic) reactions to gadolinium contrast medium have occurred but are extremely rare. These severe reactions, which may involve difficulty breathing and swelling of the lips and mouth, occur in about 1 in every 10,000 people who receive gadolinium. These severe reactions generally respond very well to emergency drug treatment given while in the MRI department.

In patients with normal kidney function most of the gadolinium contrast medium injected is almost entirely passed out in the urine within 24 hours. Gadolinium contrast should be avoided in patients with reduced kidney function or kidney failure (either chronic or acute), and hepatorenal syndrome (a condition involving reduced function of liver and kidneys).

Nephrogenic systemic fibrosis (NSF), a debilitating disease resulting in skin contractures (localized skin thickening and tightening) and internal organ damage has occurred with some gadolinium based contrast agents in a minority of patients who had pre-existing severe kidney function abnormalities.

If you are pregnant or think you may be pregnant please inform imaging center staff prior to having the procedure so that a doctor can talk to you about any risks and benefits of having gadolinium for you and your unborn baby.

## INFORMED CONSENT – VOLUNTARY MRI PROCEDURE



**Anticipated Benefit:** Because this procedure is voluntary, you have no guarantee of medical benefit from participating. This study is not being performed to diagnose your condition or improve your health.

**Financial Obligation:** Neither you, nor your insurance company, will be billed for your participation in this volunteer study. You will not be paid for participating.

**Privacy and Confidentiality:** The only people who will know that you are a voluntary study subject are members of the study team and, if appropriate, your physician. No information revealing your identity will be disclosed to others without your permission, except:

- If necessary to protect your welfare (for example, if you are injured and need emergency care); *or*
- If required by law.

If the results of this study are published or discussed in conferences, no information will be included that would reveal your identity.

**Participation and Withdrawal:** Your participation in this study is entirely voluntary. If you choose not to participate, it will not affect your relationship with our imaging center or your right to health care or other services to which you are otherwise entitled.

**Patient Attestation:**

My signature on this form indicates that I have:

1) Read and understood the information provided in this form;
2) Authorize and consent to the performance of this procedure; and
3) Have been informed about this procedure and had a chance to ask questions.

**I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).**

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Title: _____

(Technologist, Radiologist or RN)

RadNet

## MRI/MRA EXAM FOR PATIENTS WITH UNKNOWN IMPLANT

**To:** Referring Physician Name: _____

Referring Physician Street Address: _____

Referring Physician City, State, ZIP: _____

Referring Physician Phone Number: _____

Referring Physician Fax Number: _____

**You have requested an MRI/MRA exam that requires information regarding an unknown metallic implant that your patient has revealed during screening.**

Patient Name: _____ Date of Birth: _____

MRI / MRA Exam: _____

Due to the fact that there are many types of implants, and not all implants have been tested for MR safety at this time, it is imperative that we have as much information as possible regarding your patients' implant(s) to ensure his/her safety during their MRI procedure.

Please fax this information to us as soon as possible so your patient's scheduling process and/or examination may be completed. Exams will be delayed until implant information is available.

**Fax completed form to the fax number at the bottom of this page.**
**Fax a copy of the Implant Card if it is available.**

Implant Type: _____

Implant Make: _____

Model Number: _____

Manufacturer: _____

Additional Info: _____

By signing below, I attest to the validity and accuracy of the information given.
Drs. Signature: _____

If you have any questions please call the imaging center phone number below.
Thank you in advance for your cooperation in this matter.

Imaging Center Contact Person: _____

Region and Imaging Center Name: _____

Imaging Center Street Address: _____

Imaging Center City, State, ZIP: _____

Imaging Center Phone Number: _____

Imaging Center Fax Number: _____

Facility Name: _____
Address: _____
City, State ZIP: _____

RadNet

# MRI ELECTRONIC DEVICE CONSEN

Effective Date: February 1, 201

**Patient Demographics:**

Patient Name: _____ Medical Record #: _____

Date of Exam: _____ Referring Dr.: _____

Electronic/Mechanical Device To Be Worn Into Scanner: _____

**Patient Information:**

The strong magnetic field used during MRI examinations may interfere with implanted and external electronic and mechanical medical devices. Medical devices that could be affected by these strong magnetic fields include, but are not limited to:

- Neurostimulators
- Drug infusion pumps, including insulin pumps
- Spinal cord stimulators
- Bone growth or bone fusion stimulators
- Deep brain stimulator
- Cardiac pacemakers and defibrillators

The MRI system magnet is always on. Adverse device events caused by strong magnetic field could include transient changes in output, device malfunctions, and resetting or reprogramming of device settings.

When such devices cannot be removed before entering the MRI scanner, it is recommended that these devices be turned off during the exam. It is the patient's responsibility to turn their own medical device off and on.

**Patient Attestation:**

I have been informed that MRI magnetic field may interfere with my electronic/mechanical device and that it is my responsibility to turn my electronic/mechanical device off during my exam and that it is my responsibility to reactivate my device when my exam is complete.

I accept full responsibility for my electronic/mechanical device and release my physician(s), including the radiologist, the imaging center, its employees and agents from any liability or harm or negative effects on my electronic/mechanical device or my health should I not be able to reactivate my device after this MRI procedure.

My signature on this form indicates that I have:

1) Read and understood the information provided in this form;
2) Authorize and consent to the performance of this procedure; and
3) Have been informed about this procedure and had a chance to ask questions.

**I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).**

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If patient is a minor or has a legal guardian)

Witness Signature: _____ Title: _____
(Technologist, Radiologist or RN)

RadNet Compliance Management

# MEDICATION INVENTORY LOG

Type of Medication in Inventory: _____ Starting Date: _____ Dual Initials: _____

| Patient Name and Medical Record # | Date | Medication Given | Amount Given | Physician Signature | New Count | Dual Access Initials | Expired Meds MD Verified |
|---|---|---|---|---|---|---|---|
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**NOTE:**

**This is a sample layout of a Medication Inventory Log to be used for MRI anxiolysis medications (Example: Valium).**

**The actual log must be maintained in a hard bound book.**
**Do not glue any pages into the book.**
**Do not remove any pages from the book.**

**Do not use white out for mistakes. Draw a line through the item and initial it. Then write the correct entry underneath.**

RadNet

# ANXIOLYSIS MEDICATION RECORD & CONSENT

**FOR PATIENTS WHO ARE SELF-MEDICATED OR CENTER-MEDICATED WITH AN ANXIOLYTIC AGENT**

Patient Name: _____ Medical Record #: _____

Imaging Center: _____ Date of Exam: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

## Current Medications

Drug/Dose/Time Taken: _____ Drug/Dose/Time Taken: _____

Drug/Dose/Time Taken: _____ Drug/Dose/Time Taken: _____

Drug/Dose/Time Taken: _____ Drug/Dose/Time Taken: _____

## Medical History

| | YES | NO | | YES | NO | | YES | NO |
|---|---|---|---|---|---|---|---|---|
| Anxiolysis allergy | ☐ | ☐ | Asthma | ☐ | ☐ | Seizures | ☐ | ☐ |
| Severe Emphysema | ☐ | ☐ | Cough / Difficulty Breathing | ☐ | ☐ | Diabetes | ☐ | ☐ |
| Renal Failure | ☐ | ☐ | Apnea | ☐ | ☐ | Recent Fever | ☐ | ☐ |
| Liver Disease | ☐ | ☐ | Recent Respiratory Infection | ☐ | ☐ | Reflux or Vomiting | ☐ | ☐ |
| Pregnant at this time | ☐ | ☐ | High Blood Pressure | ☐ | ☐ | Developmental Delay | ☐ | ☐ |
| Drank alcohol today | ☐ | ☐ | Heart Problems | ☐ | ☐ | Past Reaction to Anxiolysis | ☐ | ☐ |
| On anti-depressant or anti-psychotic medication | | | | ☐ | ☐ | | | |

List all known allergies: _____

## Patient Information

You have requested to receive a mild dose of an anxiolytic medication to assist you in completing your exam or procedure. Common side effects for conscious anxiolysis include: drowsiness, dizziness, unsteadiness, changes in speech, lack of memory, blurred vision, trouble concentrating, a rapid heartbeat, palpitations, low blood pressure, nausea, dry mouth and very rarely, headache, confusion, or a depressed irritable mood.

You should not drive or operate machinery for 24 hours after receiving anxiolytic medication, which is why we must confirm that you have a driver with you today.

## Anxiolysis Medication Order - Must Be Completed Prior To Patients Taking Anxiolysis Medication

☐ Ordered for self-medication by referring physician Drs. Name: _____

☐ Ordered for center-administration by on-site physician Drs. Signature: _____

Medication & Dosage: _____ ☐ Oral ☐ IV Time Administered: _____ ☐am ☐pm

Repeat and/or additional anxiolytic medications self- or center-administered must be documented below:

Medication & Dosage: _____ ☐ Oral ☐ IV Time Administered: _____ ☐am ☐pm

Authorized for administration by on-site physician Drs. Signature: _____

## Patient Attestation

Your signature on this form indicates that you 1) Authorized and consented to the administration of the anxiolytic medication named above; 2) Have been informed about this procedure and had a chance to ask questions; and 3) Acknowledge that you must have a driver available following your exam.

**I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).**

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Title: _____

(Technologist / RN / Radiologist)

## For Staff Use Only – Visually Monitor Pulse Ox Continuously Throughout Exam – Record 3 Readings

AT START OF EXAM Time: _____ Pulse Ox Reading: _____

APPROXIMATELY MID EXAM Time: _____ Pulse Ox Reading: _____

AT END OF EXAM Time: _____ Pulse Ox Reading: _____

PATIENT DISCHARGE CRITERIA: ☐ Patient is alert ☐ Steady when standing ☐ Can ambulate with assistance

WHEELCHAIR PATIENT DISCHARGE CRITERIA: ☐ Patient is alert

Observed by: _____ Title: _____

RadNet

# POST-ANXIOLYSIS PATIENT INSTRUCTIONS

**THIS FORM IS TO BE SIGNED BY ALL PATIENTS WHO TAKE AN ANXIOLYTIC AGENT**
**IT IS TO BE SIGNED PRIOR TO TAKING THE MEDICATION WHEN MEDICATING ON-SITE**

Patient Name: _____ Today's Date: _____

Referring Doctor: _____ Radiologist: _____

Imaging Center: _____ Center Phone: _____

Medication Name: _____ Dosage: _____ at: _____ am / pm

☐ Medication was obtained from the referring physician and self-administered by the patient
☐ Medication was prescribed by the center physician and administered at the center

## Medication Information

**If medication was taken to help decrease your anxiety, please be aware of the following.** Common side effects may include: drowsiness, dizziness, unsteadiness, changes in speech, lack of memory, blurred vision, trouble concentrating, a rapid heartbeat, palpitations, low blood pressure, nausea, dry mouth and very rarely, headache, confusion, or a depressed irritable mood.

**It is strongly recommended that you do not drive or operate equipment for at least 24 hours.** This Center will not be responsible should you choose to drive or operate equipment in less than the recommended time frame.

**We recommend the following:**

1. You should be transported from this facility under the escort of a designated driver.
2. You should not drink any alcoholic beverages until the next day.
3. Do not take any muscle relaxant, sedative, hypnotic, or mood altering medications for at least 24 hours unless ordered by your physician who is to be made aware that you have had this medication.
4. Bring this sheet with you should you have to go to an emergency room or see your doctor within the next 24 hours.

**Call your physician for any questions or problems.** He/she may contact our radiologist for further information.

## Patient Attestation

Your signature on this form indicates that:

1. I have read and understand the information provided on this form;
2. I have been verbally informed about these instructions; and
3. I had a chance to ask questions.
4. I will not drive home after taking anxiolysis medication.

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Title: _____
(Technologist, Radiologist, RN)

PROVIDE A SIGNED COPY OF THIS FORM TO THE PATIENT

RadNet

## RELEASE FROM RESPONSIBILITY WHEN LEAVING ALONE AND DRIVING
## (Leaving Against Medical Advice)

Patient Name: _____ Medical Record #: _____

Date: _____ Time: _____ am / pm

Imaging Center Name: _____

**Medical Information:**

This is to certify that I, the person named above, a patient at the imaging center named above, am leaving alone and operating a motor vehicle against the advice of the medical staff.

I hereby acknowledge that I have been informed of the risks involved in operating a motor vehicle at this time and hereby release the Center and its employees from all responsibility for any ill effects, which may result from this action.

**Your signature on this form indicates that you:**

- **Read and understand the information provided in this form;**
- **Have been verbally informed about this discharge; and**
- **Had a chance to ask questions.**

**I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).**

Patient Signature: _____ Date: _____

Witness Signature: _____ Title: _____
(Technologist, Radiologist, RN)

**For Imaging Center Use Only**

☐ The patient refused to sign the release form.

Describe below any actions taken as a result of the patient leaving the facility against medical advice.

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# IV CONTRAST EXTRAVASATION DISCHARGE INSTRUCTIONS

Patient Name: _____ Phone: _____ Date: _____

Referring Dr.: _____ Dr's Phone #: _____

Medication/Contrast: _____ Volume Administered: _____

Imaging Center: _____ Center Phone #: _____

Center Address: _____ City: _____ State: _____ ZIP: _____

**Patient Information:**

Your physician prescribed a contrast injection that aids in enhancing your examination. During injection, it is believed or known that some of the contrast material infiltrated the soft tissues surrounding the injection site. Common side effects of contrast extravasation include swelling, redness and tenderness of the area.

Because the severity and prognosis of the injury are difficult to determine on initial evaluation of the affected site, close clinical follow-up for several hours is essential.

1. Apply moist compresses and elevate the affected area for twenty-four hours.
   Use only water from the faucet to heat or cool the compresses.
   - ❑ **The Radiologist recommends Warm Compresses and gentle massage.**
     To avoid burning, the water used must be no greater than 100 degrees Fahrenheit.
   - ❑ **The Radiologist recommends Cold Compresses and gentle massage.**
     Do not apply ice packs or cold packs directly to the skin, use a cool cloth.
   - ❑ **The Radiologist recommends alternating Warm and Cold Compresses and gentle massage.**
     To avoid burning, the water used must be no greater than 100 degrees Fahrenheit.
     Do not apply ice packs or cold packs directly to the skin, use a cool cloth.
2. Swelling may last for two or three days and should gradually decrease. If swelling increases, call your physician immediately for a consultation.
3. If blistering or breaking of the skin occurs, call your physician immediately for a consultation.
4. If there is an increase in heat, redness, pain, or any other problem relating to the injection site, call your physician immediately for a consultation.
5. If problems occur when your physician is not available, go to the emergency room.
6. We will gladly cooperate with your treating physician by providing information on the contrast or medication injection you received. Please notify us at the imaging center phone number at the top of this form if you seek treatment for the injection site related to today's exam.

**In case emergency or follow-up care is sought, take this form so the treating physician will know what type of medication or contrast you received.**

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:
Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Title: _____
(Technologist, Radiologist or RN)

Scan the signed document into RIS and give a copy to the patient.

RadNet

# MEDICATION AND CONTRAST REACTION DISCHARGE INSTRUCTIONS

Patient Name: _____ Phone #: _____ Date: _____

Referring Dr.: _____ Dr's Phone #: _____

Exam Performed: _____ Medication/Contrast Administered: _____ Volume: _____

Imaging Center: _____ Center Phone #: _____

Center Address: _____ City: _____ State: _____ ZIP: _____

**Patient Information:**

During the medication or contrast administration of today's examination, you developed a reaction. The medication or contrast you received is listed above.

**Be sure to tell your doctors about this reaction and the treatment that was administered, particularly before you have future examinations using the same materials.** Give a copy of this form to your referring doctor so he or she has a record.

**Physician who assessed the patient following the reaction:** _____

**Type of reaction experienced:**

- ❑ Hives of the skin with itching
- ❑ Difficulty breathing due to spasm or swelling
- ❑ Asthmatic attack
- ❑ Lowering blood pressure
- ❑ Other: _____

**Treatment administered:**

- ❑ Observation - length of time: _____
- ❑ Provided fluids to drink: _____
- ❑ I.V. fluids administered: _____
- ❑ Medication administered: _____
- ❑ Other: _____

**Continue the following:**

- ❑ Drink 6 to 8 cups of extra fluids today, avoiding alcohol.
- ❑ Observe your skin for the development of new hives or rash for 4 days.
- ❑ Observe for difficulty in breathing or shortness of breath for 4 days.
- ❑ In case of a delayed reaction, contact your physician immediately.
- ❑ If you are not able to contact your physician, the local emergency room is open 24 hours a day.

**Additional Information** (as needed): _____

_____

**Important information:**

Please keep this form so it will be available for reference if you are scheduled for future procedures involving the use of the medication or contrast material listed above.

**In case of emergency due to a delayed reaction, immediately go to the emergency room and take this form so they will know what type of medication or contrast you received.**

Patient Signature: _____ Date: _____

If patient is a minor or has a legal guardian:
Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Title: _____
(Technologist, Radiologist or RN)

Scan the signed document into RIS and give a copy to the patient.

| ABCD Approach for Patient Evaluation and Treatment of Contrast Reactions | |
|---|---|
| **A** | **Airway**, oxygen<br>**Assessment** (severity and category of reaction); blood pressure and pulse; electrocardiogram monitor may be necessary for evaluation of cardiac rhythm<br>**Assistance** (call for it)<br>**Access** (venous) |
| **B** | **Breathing** – begin CPR if necessary<br>**Bag** – Ambu bag<br>**Begin** full resuscitation efforts (CPR) if necessary<br>**Beware** of atypical manifestations (e.g., beta blockers may prevent tachycardia response) |
| **C** | **Circulatory** assistance as appropriate, administer isotonic fluid (normal Saline, Ringer's solution), infuse rapidly, and may use pressure bag or forceful infusion<br>**Categorize** reaction and patient status<br>**Call** Code Team if necessary<br>**Common** denominators; assess cardiac output; capillary leak; decreased venous return, decreased peripheral vascular resistance; pulmonary edema |
| **D** | **Drug** therapies<br>**Do**: Monitor, assess, and reassure the patient; Use correct dose and route for drugs; Push intravenous fluids and oxygen<br>**Don't delay** – call for help if you need it; don't use incorrect doses and drugs |

| Classification of Severity and Manifestations of Adverse Reactions to Contrast Media | |
|---|---|
| **MILD** | **Signs and symptoms:** Appear self-limited without evidence of progression (e.g., limited urticaria with mild pruritus, transient nausea, one episode of emesis) and include:<br>• Nausea, vomiting<br>• Cough<br>• Warmth<br>• Headache<br>• Dizziness<br>• Shaking<br>• Altered taste<br>• Itching<br>• Pallor<br>• Flushing<br>• Chills<br>• Sweats<br>• Rash, hives<br>• Nasal stuffiness<br>• Swelling: eyes, face<br>• Anxiety |
| | **Treatment:** Requires observation to confirm resolution and/or lack of progression but usually no treatment. Patient reassurance is usually helpful. |
| **MODERATE** | **Signs and symptoms:** Are more pronounced. Moderate degree of clinically evident focal or systemic signs or symptoms, including:<br>• Tachycardia / Bradycardia<br>• Hypertension<br>• Generalized or diffuse erythema<br>• Dyspnea<br>• Bronchospasm, wheezing<br>• Laryngeal edema<br>• Mild hypotension |
| | **Treatment:** Clinical findings in moderate reactions frequently require prompt treatment. These situations require close, carful observation for possible progression to a life-threatening event. |
| **SEVERE** | **Signs and symptoms:** Are often life-threatening, including:<br>• Laryngeal edema (severe or rapidly progressing)<br>• Profound hypotension<br>• Clinically manifest arrythmias<br>• Convulsions<br>• Unresponsiveness<br>• Cardiopulmonary arrest |
| | **Treatment:** Requires prompt recognition and aggressive treatment; manifestations and treatment frequently require hospitalization. |

**NOTE:** The above classifications (mild, moderate, severe) do not attempt to distinguish between allergic-like and non-allergic-like reactions. Rather, they encompass the spectrum of adverse events that can be seen following the intravascular injection of contrast media.

RadNet
Compliance QA Department

| Management of Acute Reactions in Adults page 1 of 2 | |
|---|---|
| **Hives / Diffuse Erythema** | 1. Observation; monitor vitals every 15 minutes<br>2. Preserve IV access<br>3. If associated with hypotension or respiratory distress, then considered Anaphylaxis:<br>a. O2 at 6-10 L/min by face mask<br>b. IV Fluids 0.9% Normal Saline wide open; elevate legs > 60°<br>c. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>d. Call 911<br>4. If ONLY skin findings but severe or progressive, may consider Benadryl 50 mg PO, IM, IV but may cause or worsen hypotension |
| **Hypotension with Tachychardia (Anaphylactic Shock)** | 1. Observation; monitor vitals every 15 minutes<br>2. Preserve IV access<br>3. O2 at 6-10 L/min by face mask<br>4. Elevate legs > 60°<br>5. IV Fluids 0.9% Normal Saline wide open<br>6. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>7. Call 911 |
| **Hypotension with Bradycardia (Vagal Reaction)** | 1. Monitor Vitals<br>2. Preserve IV access<br>3. O2 at 6-10 L/min by face mask<br>4. Elevate legs to > 60°<br>5. IV Fluids 0.9% Normal Saline wide open<br>6. Atropine 0.6 – 1.0 mg IV if refractory |
| **Laryngeal Edema (Inspiratory Stridor)** | 1. Monitor Vitals<br>2. Preserve IV access<br>3. O2 at 6-10 L/min by face mask<br>4. Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>5. Call 911 |
| **Bronchospasm (Expiratory Wheezes)** | 1. Monitor Vitals<br>2. Preserve IV access<br>3. O2 at 6-10 L/min by face mask<br>4. B2 agonist inhaler 2 puffs; Repeat x 3<br>5. If not responding or server, the use Epinephrine 0.3 cc of 1:1,000 IM (or auto-injector) OR Epi 1 cc of 1:10,000 IV with slow flush or IV fluids<br>6. Call 911 |

| Management of Acute Reactions in Adults page 2 of 2 | |
|---|---|
| **Hypertension, Severe** | 1. Secure airway and give O2 6-10 liters/min via mask.<br>2. Monitor: EKG, O2 saturation (pulse ox), and blood pressure.<br>3. Administer labetalol 20 mg IV administered slowly over 2 minutes; can double the dose every 10 minutes).<br>OR, if labetalol is not available.<br>4. Give nitroglycerine 0.4 mg tablet, sublingual (may repeat every 5 to 10 minutess); or topical 2% ointment, apply 1 inch strip.<br>AND<br>Furosemide (Lasix) 20 – 40 mg IV slowly over 2 minutes.<br>5. Transfer to emergency department or intensive care unit.<br>6. For pheochromocytoma: phentolamine 5 mg IV. (May use labetalol if phentolamine is not available). |
| **Seizures or Convulsions** | 1. Observe and protect the patient.<br>2. Turn patient on side to avoid aspiration.<br>3. Suction airway, as needed.<br>4. Preserve IV access.<br>5. Monitor vitals, including pulse ox.<br>6. Administer O2 6-10 liters/min via mask.<br>7. Call emergency response team.<br>8. Lorazepam 2-4 mg IV administered slowly, to maximum dose of 4 mg. |
| **Pulmonary Edema** | 1. Monitor vitals.<br>2. Preserve IV access.<br>3. Secure airway and give O2 6-10 liters/min via mask.<br>4. Monitor pulse oximetry<br>5. Elevate torso if possible.<br>6. Give diuretics; furosemide (Lasix®) 20 to 40 mg IV slow push over 2 minutes.<br>7. Transfer to emergency department. |
| **Hypoglycemic Episode (weak, dizzy, faint)** | 1. Glass of juice<br>2. If worsening, 15g glucose tablet or 50% IV D5W solution |
| **Anxiety** | 1. Assess patient for developing signs and symptoms that might indicate another type of reaction.<br>2. Preserve IV access.<br>3. Monitor vitals, including pulse ox.<br>4. Reassure patient. |

RadNet

# Management of Acute Reactions to Contrast Media in Children



## HIVES (Urticaria)

General Comment: Observe until hives are resolving.
Further observation may be necessary if treatment is administered.

| **Mild** | **Treatment** | **Dosing** |
|---|---|---|
| Scattered and/or transient | No treatment often needed; | |
| However, if symptomatic, can consider: | Diphenhydramine (Benadryl)* | 1 mg/kg (max = 50 mg) PO, IM, or IV; Administer IV dose slowly over 1 – 2 min |
| **Moderate** | **Treatment** | **Dosing** |
| More numerous/ bothersome | Monitor vitals<br>Preserve IV access | |
| | Consider Diphenhydramine (Benadryl)* | 1 mg/kg (max = 50 mg) PO, IM, or IV; Administer IV dose slowly over 1 – 2 min |
| **Severe** | **Treatment** | **Dosing** |
| Widespread and/or progressive | Monitor vitals<br>Preserve IV access | |
| | Consider Diphenhydramine (Benadryl)* | 1 mg/kg (max = 50 mg) PO, IM, or IV; Administer IV dose slowly over 1 – 2 min |

**NOTE**

*Note: All forms can cause drowsiness; IV/IM form may cause or worsen hypotension.

Note: It can be difficult to dose medications accurately in neonates and infants.
Also, with respect to IM delivery of epinephrine, EpiPen Jr® package insert does not provide dosing recommendations for children < 15 kg.

# Management of Acute Reactions to Contrast Media in Children



## DIFFUSE ERYTHEMA

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask | 6-10 L/min |
| **Normotensive** | **Treatment** | **Dosing** |
| | No other treatment usually needed | |
| **Hypotensive** | **Treatment** | **Dosing** |
| | IV fluids: 0.9% normal saline<br>OR<br>Lactated Ringers | NS 10-20 mL/kg;<br>Maximum of 500-1,000 mL |
| If profound or unresponsive to fluids alone, can also consider | Epinephrine (IV)*<br><br>OR | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids; can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | (if no IV access available)<br>Epinephrine (IM)* | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg); can repeat every 5-15 minutes up to 1 mL (1 mg) total<br>OR<br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg);<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Consider calling 911 | |

Note: In hypotensive patients, the preferred route of epinephrine delivery is IV, as the extremities may not be perfused sufficiently to allow for adequate absorption of IM administration.

Also, with respect to IM delivery of epinephrine, the EpiPen Jr® package insert does not provide dosing recommendations for children < 15 kg.

Note: It can be difficult to dose medications accurately in neonates and infants.

## BRONCHOSPASM

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask | <br><br>6-10 L/min |
| **Mild** | **Treatment** | **Dosing** |
| | Beta agonist inhaler (Albuterol®) | 2 puffs (90 mcg/puff) for a total of 180 mcg; Can repeat up to 3 times |
| | Consider calling 911, based upon the completeness of the response | |
| **Moderate** | **Treatment** | **Dosing** |
| | Consider adding epinephrine (IM)*<br><br>OR | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg);<br>Can repeat every 5-15 minutes up to 1 mL (1 mg) total<br><br>OR<br><br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg);<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Epinephrine (IV)* | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids;<br>Can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | Consider calling 911 based upon the completeness of the response | |

Bronchospasm Severe (continued on next page)

## BRONCHOSPASM (continued)

| Severe | Treatment | Dosing |
|---|---|---|
| | Epinephrine (IV)*<br><br>OR | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids;<br>Can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | Epinephrine (IM)*<br><br>AND | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg);<br>Can repeat every 5-15 minutes up to 1 mL (1 mg) total<br>OR<br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg );<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Beta agonist inhaler (Albuterol®) (May work synergistically) | 2 puffs (90 mcg/puff) for a total of 180 mcg; can repeat up to 3 times |
| | Call 911 | |

**NOTE**

*Note: In hypotensive patients, the preferred route of epinephrine delivery is IV, as the extremities may not be perfused sufficiently to allow for adequate absorption of IM administration.

Also, with respect to IM delivery of epinephrine, the EpiPen Jr® package insert does not provide dosing recommendations for children < 15 kg.

Note: It can be difficult to dose medications accurately in neonates and infants.

## LARYNGEAL EDEMA

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask | 6-10 L/min |
| | Epinephrine (IV)*<br><br>OR | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids;<br>Can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | Epinephrine (IM)* | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg);<br>Can repeat every 5-15 minutes up to 1 mL (1 mg) total<br>OR<br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg );<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Call 911 | |

**NOTE**

*Note: In hypotensive patients, the preferred route of epinephrine delivery is IV, as the extremities may not be perfused sufficiently to allow for adequate absorption of IM administration.

Also, with respect to IM delivery of epinephrine, the EpiPen Jr® package insert does not provide dosing recommendations for children < 15 kg.

Note: It can be difficult to dose medications accurately in neonates and infants.

# Management of Acute Reactions to Contrast Media in Children



## HYPOTENSION

## Minimum Normal Blood Pressure Varies for Children of Different Ages

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask.....<br>Elevate legs at least 60°<br>Consider IV fluids:<br>0.9% normal saline<br>Lactated Ringer's | <br><br>6-10 L/min<br><br><br>10-20 mL/kg OR Maximum of 500-1,000 mL |
| **Hypotension with Bradycardia / Vasovagal Reaction** (min normal pulse varies for different ages) | | |
| If Mild | No other treatment usually necessary | |
| If Severe (patient remains symptomatic despite above measures) | In addition to above measures: Atropine (IV) | IV 0.2 mL/kg of 0.1 mg/mL solution (0.02 mg/kg);<br>Minimum single dose = 0.1 mg<br>Maximum single dose = 0.6 – 1.0 mg<br>Maximum total dose = 1 mg for infants and children 2 mg for adolescents administer into a running IV infusion of fluids |
| **Hypotension with Tachycardia / Anaphylactoid Reaction** (max normal pulse varies for different ages) | | |
| If Severe (hypotension persists) | Epinephrine (IV)*<br><br><br><br>OR | IV 0.1 mL / kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer slowly into a running IV infusion of fluids;<br>Can repeat every 5 – 15 min, as needed;<br>Maximum single dose: 1.0 mL (0.1 mg);<br>Can repeat up to 1 mg total dose |
| | Epinephrine (IM)* | IM 0.01 mL / kg of 1:1,000 dilution (0.01 mg / kg);<br>Max 0.30 mL (0.30 mg);<br>Can repeat every 5-15 minutes up to 1 mL (1 mg) total<br>OR<br>Epinephrine auto-injector (1:1,000 dilution equivalent)<br>If < 30 kg, pediatric epinephrine auto-injector (EpiPen Jr® or equivalent) 0.15 mL equivalent (0.15 mg );<br>If ≥ 30 kg, adult epinephrine auto-injector (EpiPen® or equivalent) 0.30 mL (0.30 mg) |
| | Call 911 | |

## UNRESPONSIVE AND PULSELESS

| All Forms | Treatment | Dosing |
|---|---|---|
| | Call 911<br>Start CPR<br>Get AED or defibrillator and apply as soon as available<br>Shock as indicated | |
| | Epinephrine<br>(between 2 min cycles) | 0.1 mL/ kg of 1:10,000 dilution (0.01 mg / kg);<br>Administer quickly with flush or IV fluids;<br>Max dose of 10 mL (1 mg) |

## PULMONARY EDEMA

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>Monitor vitals<br>O2 by mask.....<br>Elevate head of bead | 6-10 L/min |
| | Furosemide (Lasix®) (IV) | IV 0.5–1.0 mg/kg; over 2 min;<br>Maximum = 40 mg |
| | Call 911 | |

## SEIZURES / CONVULSIONS

| All Forms | Treatment | Dosing |
|---|---|---|
| | Observe and protect the patient<br>Turn patient on side to avoid aspiration<br>Suction airway, as needed<br>Preserve IV access<br>Monitor vitals<br>O2 by mask | 6-10 L/min |
| If unremitting | Call 911 | |

## HYPOGLYCEMIA

| All Forms | Treatment | Dosing |
|---|---|---|
| | Preserve IV access<br>O2 by mask | 6-10 L/min |
| **If Patient is Able to Swallow Safety** | | |
| | Observe<br>Administer oral glucose | 2 sugar packets<br>OR<br>15 g of glucose tablet or gel<br>OR<br>½ cup (4 oz) of fruit juice |
| **If Patient is Unable to Swallow Safety** | | |
| If IV access is available | Dextrose 50% IV | IV D25 2mL/kg; IV injection over 2 mins |
| If IV access is not available | Glucagon (IM/SQ) | IM/SQ 0.5 mg if < 20 kg<br>IM/SQ 1.0 mg if > 20 kg |

## ANXIETY (PANIC ATTACK)

| Treatment |
|---|
| Diagnosis of exclusion<br>Assess patient for developing signs and symptoms that might indicate another type of reaction<br>Preserve IV access<br>Monitor vitals<br>Pulse oximeter<br>If no identifiable manifestations and normal oxygenation, consider this diagnosis<br>Reassure patient |

## REACTION REBOUND PREVENTION

| All Forms | Treatment | Dosing |
|---|---|---|
| Note: While IV corticosteroids may help prevent a short-term recurrence of an allergic-like reaction, they are not useful in the acute treatment of any reaction. However, these may be considered for patients having severe allergic-like manifestations prior to transport to an Emergency Department | Hydrocortisone (Solu-Cortef®) (IV)<br>OR<br>Methylprednisolone (Solu-Medrol®) (IV) | IV 5 mg / kg; administer over 1-2 min; Maximum: 200 mg<br><br>IV 1 mg /kg; administer over 1–2 min; Maximum: 40 mg |

| Organ and System-Specific Adverse Effects from the Administration of Iodine-Based or Gadolinium-Based Contrast Agents | |
|---|---|
| **Adrenal Glands** | Hypertension (in patients with pheochromocytoma after intra-arterial injection) |
| **Brain** | Headache, Confusion, Dizziness, Seizure, Rigors, Lost or diminished consciousness, Lost or diminished vision |
| **Gastrointestinal Tract** | Nausea, Vomiting, Diarrhea, Intestinal cramping |
| **Heart** | Hypotension, Dysrhythmia, Pulseless electrical activity, Acute congestive heart failure |
| **Kidney** | Oliguria, Hypertension, Contrast-induced nephropathy |
| **Pancreas** | Swelling / pancreatitis |
| **Respiratory System** | Laryngeal edema, Bronchospasm, Pulmonary edema |
| **Salivary Glands** | Swelling / parotitis |
| **Skin and Soft Tissues** | Pain, Edema, Flushing, Erythema, Urticaria, Pruritus, Compartment syndrome (from extravasation), Nephrogenic systemic fibrosis |
| **Thyroid** | Exacerbation of thyrotoxicosis |
| **Vascular System** | Hemorrhage (due to direct vascular trauma from contrast injection or from the reduction in clotting ability), Thrombophlebitis |

RadNet

# MRI DAILY ISSUES LOG

Document as needed when there is an equipment issue or a service call is pending

FACILITY NAME: _____ REGION NAME: _____ SCANNER: _____

| DATE | NAME OF PERSON REPORTING THIS ISSUE | EQUIPMENT TYPE HAVING ISSUE | DETAILS OF THE ISSUE | WHO THIS WAS REPORTED TO | ACTION TAKEN | DATE OF SERVICE OR REPLACEMENT |
|---|---|---|---|---|---|---|
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## A. DATA FORM FOR WEEKLY MRI EQUIPMENT QUALITY CONTROL

MR Facility Name _____

MR Scanner Identifier _____

| 1 Date of Test Year ____ | 2 Table OK? | 3 Console OK? | 4 CF (Hz) | 5 TX Gain/ Atten-uation (dB) | Phantom Distances (mm) Sag Loc Length | Axial Slice #5 ← Diameters → | | Slice 1 HR Holes # | | Slice # ____ Number of LCD Spokes | Artifacts ? | Test By | NOTES |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| | | | | | H/F (148) | A/P (190) | R/L (190) | UL | LR | | | | |
| | Action Limits → | | | | | | | | | | | | |
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Reviewed by: _____ _____

Qualified Medical Physicist/MRI Scientist — Date of Review

## MRI FACILITY QUALITY CONTROL VISUAL CHECKLIST

**MR Facility Name** _____ **MR Scanner Identifier** _____

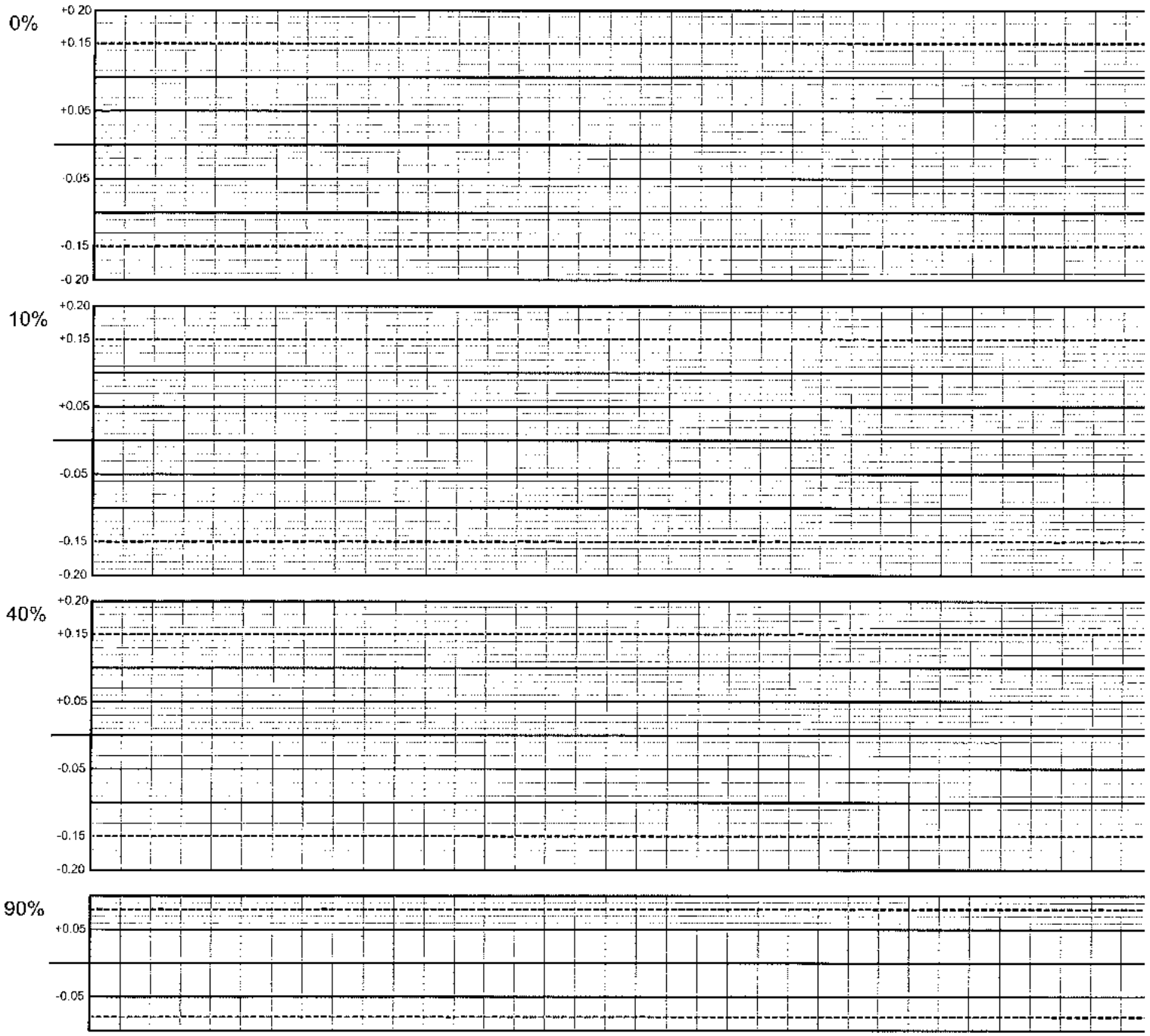
| | | Date | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patient Transport & Magnet | Bed position and other lights | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Alignment light | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | High tension cable/other cables | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Horizontal smoothness of motion and stability | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Vertical motion smoothness and stability | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filming and Viewing | Laser Camera (cables, cassettes, lights) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Light Boxes (improper function) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RF Integrity and Control Room | RF door contacts | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RF window-screen integrity | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Operator console switches/lights/meters | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient monitors | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient intercom | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Room temperature/Room humidity | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Safety | Emergency cart | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Safety warning signage | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Door indicator switch (if installed) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cryogen level indicator | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Oxygen monitor | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pass = ✓<br>Fail = F<br>Does not apply = NA | Technologist's Initials | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Reviewed by:** _____ _____

Qualified Medical Physicist/MRI Scientist — Date of Review

Laser Film Printer: _____ Film: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Month: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |




REMARKS

| Date | Action |
|---|---|
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| Date | Action |
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**Figure 4A. Laser Film Printer Control Chart (May be reproduced for use)**

# MRI POSITIONING PAD AND COIL PAD QC LOG

FACILITY NAME: _____ REGION/GROUP: _____

**To be recorded Bi-Annually for each MRI POSITIONING PAD and COIL PAD** DATE INSPECTION COMPLETED: _____

| PAD TYPE (Positioning Pad / Coil Pad) and PAD # or DESCRIPTION | TECHNOLOGIST PERFORMING INSPECTION | REMARKS FROM VISUAL INSPECTION | REPAIRS NEEDED | ACTION TAKEN (IF APPLICABLE) |
|---|---|---|---|---|
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RadNet

# MRI Breast Coil Quality Control Log

SCHEDULE TO BE DETERMINED BY THE REGIONAL PHYSICIST

Center Name: _____ BMRAP: _____

Date: _____ CF: _____ TG: _____

**Coil Evaluation**

| | | |
|---|---|---|
| Visual inspection coil overall: | ☐ Pass | ☐ Fail |
| Visual inspection coil cables: | ☐ Pass | ☐ Fail |
| Visual inspection coil insulation: | ☐ Pass | ☐ Fail |
| Visual inspection coil port/connectors: | ☐ Pass | ☐ Fail |

**Phantom Evaluation**

| | | |
|---|---|---|
| Left phantom image artifact present: | ☐ Yes | ☐ No |
| Right phantom image artifact present: | ☐ Yes | ☐ No |

Signal ROI Left: _____

Signal ROI Right: _____

Standard Deviation Noise: _____

Calculated SNR: _____

Health Physicist Contacted: ☐ Yes ☐ No

Performing Technologist Name: _____

Date: _____ CF: _____ TG: _____

**Coil Evaluation**

| | | |
|---|---|---|
| Visual inspection coil overall: | ☐ Pass | ☐ Fail |
| Visual inspection coil cables: | ☐ Pass | ☐ Fail |
| Visual inspection coil insulation: | ☐ Pass | ☐ Fail |
| Visual inspection coil port/connectors: | ☐ Pass | ☐ Fail |

**Phantom Evaluation**

| | | |
|---|---|---|
| Left phantom image artifact present: | ☐ Yes | ☐ No |
| Right phantom image artifact present: | ☐ Yes | ☐ No |

Signal ROI Left: _____

Signal ROI Right: _____

Standard Deviation Noise: _____

Calculated SNR: _____

Health Physicist Contacted: ☐ Yes ☐ No

Performing Technologist Name: _____

RadNet

# MONTHLY MRI DISPLAY MONITOR QC CHECKLIST

Facility Name: _____ Date: _____

Scanner Name: _____

## MRI Monthly Display Monitor QC Checklist

| | | | | |
|---|---|---|---|---|
| SMPTE PATTERN | 0%-5% contrast is discernible | ☐ Yes | ☐ No | If No, call service |
| | 95%-100% contrast is discernible | ☐ Yes | ☐ No | If No, call service |
| | Distinct gray level steps | ☐ Yes | ☐ No | If No, call service |
| | Alphanumerics discernible | ☐ Yes | ☐ No | If No, call service |
| | High contrast patterns visible | ☐ Yes | ☐ No | If No, call service |
| | Low contrast patterns visible | ☐ Yes | ☐ No | If No, call service |
| | Artifacts are visible | ☐ Yes | ☐ No | If Yes, call service |

Window: _____ Level: _____

## Monthly Large Artifact Check

If available, scan manufacturer's large phantom ☐ N/A No phantom available

Artifacts: _____

## QC Performed

Date of Monthly QC: _____ Initials: _____

## QC Reviewed by Physicist

_____ _____

Qualified Medical Physicist Reviewer Date of Review

Facility Name: _____

Address: _____

City, State ZIP: _____

RadNet

# HISTORIAL Y CONSENTIMIENTO DE MRI DEL PACIENTE

Effective Date: February 1, 201

## DATOS DEMOGRÁFICOS DEL PACIENTE

Nombre del Paciente: _____ Número de Expediente Médico: _____

Fecha del Examen: _____ Médico que le refirió: _____

Fecha de Nacimiento: _____ Edad: _____ Estatura: _____ Peso: _____ ☐ Hombre ☐ Mujer

## ADVERTENCIA: EL IMÁN DEL SISTEMA DE MRI ESTÁ SIEMPRE ENCENDIDO

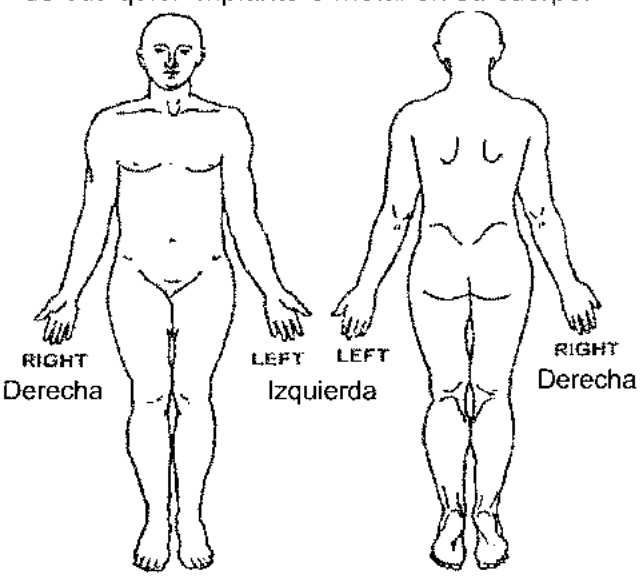
Ciertos implantes, dispositivos, u objetos pueden ser peligrosos y/o pueden interferir con el procedimiento de la resonancia magnética. No entre a la sala del escáner de MRI si tiene alguna pregunta o duda relacionada con un implante, dispositivo, u objeto. Consulte con el técnico ANTES de entrar a la sala del escáner de MRI.

### TIENE ALGUNO DE LOS SIGUIENTES?

☐ SI ☐ NO Lesión en el ojo que involucra metales
☐ SI ☐ NO Objeto o fragmento metálico en su cuerpo
☐ SI ☐ NO Pinza(s) de aneurisma
☐ SI ☐ NO Marcapasos cardíaco
☐ SI ☐ NO Cardioversor-desfibrilador implantado (ICD)
☐ SI ☐ NO Implante o dispositivo electrónico
☐ SI ☐ NO Implante o dispositivo activado magnéticamente
☐ SI ☐ NO Sistema de neuroestimulación
☐ SI ☐ NO Estimulador de la médula espinal
☐ SI ☐ NO Electrodos ó alambres internos
☐ SI ☐ NO Estimulador de crecimiento o fusión del hueso
☐ SI ☐ NO Coclear, otológico u otro implante del oído
☐ SI ☐ NO Bomba de infusión o insulina
☐ SI ☐ NO Dispositivo implantado para infusión de medicina
☐ SI ☐ NO Cualquier tipo de prótesis (ojo, pene, etc.)
☐ SI ☐ NO Prótesis de válvula cardíaca
☐ SI ☐ NO Muelle ó alambre del párpado
☐ SI ☐ NO Extremidad artificial o prostética
☐ SI ☐ NO Malla metálica (stent), filtro, ó anillo metálico
☐ SI ☐ NO Válvula de derivación (espinal o intraventricular)
☐ SI ☐ NO Puerto de acceso vascular/catéter
☐ SI ☐ NO Implantes o semillas de radiación
☐ SI ☐ NO Catéter de Swan-Ganz ó de termodilución
☐ SI ☐ NO Parche de medicina (Nicotina, Nitroglicerina, etc.)
☐ SI ☐ NO Implante tipo malla de alambre
☐ SI ☐ NO Aumentador de tejidos (del seno o otra área)
☐ SI ☐ NO Grapas quirurgicas/ganchos/hilos o puntos de metal
☐ SI ☐ NO Articulaciones artificiales (cadera, rodilla, etc.)
☐ SI ☐ NO Varilla en el hueso/coyuntura, tornillo, clavo, alambre, placa
☐ SI ☐ NO Dispositivo intrauterino (IUD), diafragma, ó pesario
☐ SI ☐ NO Otro implante: _____
☐ SI ☐ NO Dentaduras ó placas parciales
☐ SI ☐ NO Tatuaje ó maquillaje permanente
☐ SI ☐ NO Perforación (piercing) del cuerpo
☐ SI ☐ NO Aparato del oído (Quitarse el aparato antes de entrar a la sala del escáner de MRI)
☐ SI ☐ NO Problema respiratorio ó desorden del movimiento
☐ SI ☐ NO Claustrofobia

### INSTRUCCIONES IMPORTANTES

Por favor marque en la imagen de abajo la localizació de cualquier implante o metal en su cuerpo.




Debe quitarse Todo objeto metálico en el vestidor, incluyendo:

- aparato auditivo
- dentaduras y placas parciales
- teléfono celular y beepers
- llaves
- los anteojos
- pasadores de pelo y broches
- joyas y reloj (incluyendo piercings)
- alfileres
- clip del dinero y monedas
- tarjetas de crédito, de banco y tarjetas de banda magnética
- plumas
- cuchillo de bolsillo
- cortaúñas
- ropa con cierres metálicos y hilos metálicos
- botas / zapatos con punta de acero
- herramientas
- objetos metálicos sueltos

**★ Consulte con el Técnico si tiene alguna pregunta o duda ANTES de entrar a la sala del escáner de MRI.**

Notas del tecnólogo:

**★ Todos los pacientes que tienen estudios de resonancia magnética deben utilizar protección auditiva (tapones para los oídos u orejeras). Sin excepciones.**

## STATUS DE EMBARAZO Y AMAMANTAMIENTO

★ Recomendamos dejar de dar leche materna al bebe y desechar la leche por 24 horas despues del la inyección de Gadolinio.

**Esta usted: Embarazada?** ☐ Si ☐ No **Posiblemente Embarazada?** ☐ Si ☐ No **Amamantando?** ☐ Si ☐ No

Fecha de última menstruación: _____

## CALENTAMIENTO DE LA PIEL

★ Las radiofrecuencias del MRI pueden causar calentamiento de los tejidos de la piel. Se tomarán precauciones para evitarlo. Alerte al technologo inmediatamente si tiene sensación de calentamiento de la piel durante su examen del MRI.

## ARETES (BODY PIERCINGS), IMPLANTES COSMÉTICOS, TATUAJES Y MAQUILLAJE PERMANENTE

★ Un pequeño número de pacientes han experimentado irritación de la piel, hinchazón, moretones o sensación de calentamiento en el sitio de los aretes, implantes cosméticos, tatuajes y maquillaje permanente en asociación con el examen del MRI.
**Las personas con estos artículos deben informar al tecnólogo para tomar precauciones.**

## HISTORIAL MÉDICO

Motivo o razón para el estudio del MRI?

_____

Qué área es el problema? Que parte del cuerpo?

_____

De qué lado (izquierda/derecha/arriba/abajo)? _____

Cuando comenzaron los síntomas? _____

Describa el problema que le está dando.

_____

_____

Marque todas las que son aplicables a sus síntomas:

☐ Agudo (presente o un grado severo e intenso)
☐ Crónico (persiste mucho tiempo / constantemente)
☐ Intermitente ☐ Transitorio (dura sólo poco tiempo)
☐ Problema principal ☐ Problema secundario

Lista de exámenes en otros centros por este problema: ej. Laboratorio, Rayos X, del tracto gastrointestinal inferior (GI), enema de bario (BE), ultrasonido, MRI, CT.

Prueba – Fecha – Dónde

_____

_____

Indique las cirugias que ha tenido y las fechas:

_____

_____

Tiene o ha tenido cáncer? ☐ Si ☐ No

En caso afirmativo: Qué Tipo y que parte del cuerpo?

_____

Qué tipo de tratamiento recibió y cuando?

_____

Se lesionó el área de interés? ☐ Si ☐ No

En caso afirmativo, los detalles: _____

Anote las medicinas que esté tomando y para qué son:

_____

_____

Ha estado en el hospital durante la última semana?

☐ Si ☐ No En caso afirmativo, describa:

_____

Ha experimentado antes algún problema relacionado con el examen o el contraste de MRI? ☐ Si ☐ No

_____

_____

| TIENE ALGUNO DE LOS SIGUIENTES? | NOTAS DEL TECNÓLOGO |
|---|---|
| ☐SI ☐NO Enfermedad o lesión de los riñones | |
| ☐SI ☐NO Cirugia de riñón, trasplante, un solo riñón | |
| ☐SI ☐NO Tumor en el riñón o cáncer | |
| ☐SI ☐NO Diabetes | |
| ☐SI ☐NO Está usted en diálisis | |
| ☐SI ☐NO Quimioterapia en los últimos 3 meses | |
| ☐SI ☐NO Alta presión que requiere medicina (Siga protocolo local) | |
| ☐SI ☐NO Reacción alérgica al contraste de gadolinio | |
| ☐SI ☐NO Asma o alergia | |

## CONSENTIMIENTO PARA LA INYECCIÓN DE CONTRASTE

**Debido a su historial medico, o porque su doctor lo ha requerido, una inyección de contraste de gadolinio podria ser necesaria para ayudar al radiólogo a evaluar su examen de MRI.** La agencia de administración de comida y drogas ha aprovado este contraste. Un pequeño porcentage de pacientes que reciben la inyección de gadolinio podrian sufrir de dolores de cabeza o sentir mareos leves. Muy raramente inflamación podria ocurrir en el area de la inyección.

☐ YO DOY MI CONSENTIMIENTO a llevar a cabo la inyección de contraste de gadolinio si es necesario.

☐ YO NO ESTOY DE ACUERDO a llevar a cabo la inyección de contraste de gadolinio en este momento.

Yo declaro que la información en este cuestionario es correcta. Yo he leído y entendido el contenido de este cuestionario y he tenido la oportunidad de hacer preguntas acerca del examen del MRI que voy a tener hoy. **Entiendo que la atención médica de emergencia o de seguimiento, de ser necesaria, es responsabilidad financiera directa del paciente que recibe los servicios adicionales de terceros (transporte en ambulancia a un hospital, llamada al 911, atención médica, etc.).**

Firma del Paciente/Guardian: _____ Fecha: _____

**PARA USO DEL PERSONAL:** Screening Performed By: ☐ MR Technologist ☐ Nurse ☐ Radiologist ☐ _____

Staff Signature: _____ Print Name: _____

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# Historial Del MRI De Mama

Nombre del Paciente: _____ Edad: _____ Fecha del Examen: _____

Médico que lo refirió: _____ Centro de Imagen: _____

Razón de este examen? _____

Indique los síntomas, problemas, motivo de preocupación, y por cuánto tiempo: _____

Ha tenido un Mamograma o Ultrasonido anteriormente? ☐ Si ☐ No Cuando? _____ Donde? _____

MRI de seno anteriormente? . . . . . ☐ Si ☐ No Cuando? _____ Donde? _____

| **PREOCUPACIONES FÍSICAS** | | | **Derecho** | **Izquierdo** | **Cuanto Tiempo?** |
|---|---|---|---|---|---|
| Siente una bolita en el seno? . . . . . | ☐ Si | ☐ No . . . . | | | |
| Esto es algo nuevo en su seno? . . . . . | ☐ Si | ☐ No . . . . | | | |
| Focal or specific point of pain?. . . . . | ☐ Si | ☐ No . . . . | | | |
| Ha tenido un golpe reciente en el seno? . . . . . | ☐ Si | ☐ No . . . . | | | |
| Encogimiento o liquido del pezón? . . . . . | ☐ Si | ☐ No . . . . | | | |
| Hoyuelos en la piel del seno? . . . . . | ☐ Si | ☐ No . . . . | | | |

Información adicional: _____

| **HISTORIAL DE CIRUGIA DEL SENO** | | | **Derecho** | **Izquierdo** | **Mes / Año** |
|---|---|---|---|---|---|
| Ha tenido cancer del seno . . . . . | ☐ Si | ☐ No . . . . | | | |
| Mastectomia . . . . . | ☐ Si | ☐ No . . . . | | | |
| Lumpectomia (cancer) . . . . . | ☐ Si | ☐ No . . . . | | | |
| Terapia de Radiación . . . . . | ☐ Si | ☐ No . . . . | | | |
| Quimioterapia . . . . . | ☐ Si | ☐ No . . . . | | | |
| Biopsy (Needle or Surgical) . . . . . | ☐ Si | ☐ No . . . . | | | |
| Needle Aspiration. . . . . | ☐ Si | ☐ No . . . . | | | |
| Reconstruction / Reduction . . . . . | ☐ Si | ☐ No . . . . | | | |
| Implants or Silicone Injections . . . . . | ☐ Si | ☐ No . . . . | | | |
| Tissue Expander . . . . . | ☐ Si | ☐ No . . . . | | | |

Additional Information: _____

## HISTORIAL GENERAL

Esta embarazada? . . . . . ☐ Si ☐ No

Ha dado pecho por los ultimos 4-6 meses? ☐ Si ☐ No

Historial familiar de cancer del seno? ☐ Si ☐ No

Que parentezco y edad? _____

Ha tenido otra clase de cancer? ☐ Si ☐ No

Que clase de Cancer? _____

Su edad en su primer embarazo a término? _____ Años

## HISTORIAL DE MENSTRUACIÓN

Primer día de su último período: _____

Menopausia?. . . . . ☐ Si ☐ No

Histerectomia?. . . . . ☐ Si ☐ No

Esta usted tomando hormonas/pastillas? ☐ Si ☐ No

Que Clase? _____

Por cuanto tiempo? _____

Información adicional:

## NOTA

Si una Mamografía o Ultrasonido de mama se realiza el mismo día que un MRI de seno, éstos se consideran estudios separados y hay cargos adicional para estos exámenes. **Firma Del Paciente:** _____

**SOLO PARA USO DE LA OFICINA** Clinical Indications/Notes:

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# Historial De Implante Mamario Para MRI

Nombre: _____ Fecha del Examen: _____

Médico que lo refirió: _____ Centro de Imagen: _____

Razón de este examen? _____

Indique los síntomas, problemas, motivo de preocupación, y por cuánto tiempo: _____

Ha tenido un Mamograma o Ultrasonido anteriormente? ..... ☐ Si ☐ No Cuando? _____ Donde? _____

MRI de seno anteriormente? ..... ☐ Si ☐ No Cuando? _____ Donde? _____

## IMPLANTE FÍSICO

| | | | Derecho | Izquierdo | Fecha de la Cirug. |
|---|---|---|---|---|---|
| Silicona? ..... | ☐ Si | ☐ No | | | |
| Salina? ..... | ☐ Si | ☐ No | | | |
| Un solo Lumen? ..... | ☐ Si | ☐ No | | | |
| Doble Lumen? ..... | ☐ Si | ☐ No | | | |
| Retro-pectoral (detrás del músculo del pecho)? ..... | ☐ Si | ☐ No | | | |
| Retro-glandular (sobre músculo del pecho)? ..... | ☐ Si | ☐ No | | | |
| Ha tenido un golpe reciente en el implante? ..... | ☐ Si | ☐ No | | | |
| Encogimiento o liquido del pezón? ..... | ☐ Si | ☐ No | | | |

Tipo de implante (s)? _____

Información adicional: _____

## HISTORIAL DE CIRUGIAS DEL SENO/IMPLANTE

| | | | Derecho | Izquierdo | Mes / Año |
|---|---|---|---|---|---|
| Tenía implantes de seno antes de tener estos? ..... | ☐ Si | ☐ No | | | |
| Si es así, por qué fueron removidos? _____ | | | | | |
| Le colocaron solución de esteroides con implante original? | ☐ Si | ☐ No | | | |
| Recibió injecciones de esteroides en su seno (s)? ..... | ☐ Si | ☐ No | | | |
| Está pensando en remover su implante de seno(s)? ..... | ☐ Si | ☐ No | | | |
| Tuvo un expansor de tejidos implantado? ..... | ☐ Si | ☐ No | | | |
| Did you have any tissue expanders implanted? ..... | ☐ Si | ☐ No | | | |
| Alguna vez has tenido "capsulotomia de compresión cerrada" donde el médico presiona firmemente en su seno para intentar romper los tejidos de cicatriz? (Si es así, indique la fecha .... | ☐ Si | ☐ No | | | |

Información adicional: _____

## HISTORIA GENERAL

Esta embarazada? ..... ☐ Si ☐ No Primer día de su último período: _____

Es pre menopáusica? ..... ☐ Si ☐ No Que día es hoy de su ciclo menstrual? _____

Es pos menopáusica? ..... ☐ Si ☐ No Desde cuándo? _____

Esta tomando pastillas de reemplazo hormonal? ☐ Si ☐ No Que Clase: _____

Si usted dejo de tomar pastillas de reemplazo hormonal, hace cuánto tiempo las dejó de tomar? _____

Información adicional: _____

## NOTE

Si una Mamografía o Ultrasonido de mama se realiza el mismo día que un MRI de seno, éstos se consideran estudios separados y hay cargos adicional para estos separados y hay cargos adicional para estos exámenes

**Firma Del Paciente:** _____

**FOR OFFICE USE ONLY**

**Clinical Indications/Notes:**

_____

Facility Name: _____
Address: _____
City, State ZIP: _____

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# HISTORIAL DE MRI PARA VISITANTE

Effective Date: July 21, 2017

**TODA PERSONA ACOMPAÑANDO AL PACIENTE A LA SALA DEL ESCANER DE MRI DEBE SER EVALUADA**

Nombre de la persona Acompañando al paciente dentro del cuarto de exámenes de MRI: _____

Motivo de acompañar al paciente: _____

Nombre del Paciente: _____ Fecha del Examen: _____

**ADVERTENCIA: EL IMÁN DEL SISTEMA DE MRI ESTÁ SIEMPRE ENCENDIDO**

El sistema de MRI tiene un campo magnético muy fuerte que puede ser peligroso para las personas que tienen ciertos implantes, dispositivos, objetos, metálicos, electrónicos, o magnéticos. Por lo tanto, se requiere llenar este formulario a todo visitante antes de entrar en la sala de examen de resonancia magnética (MRI).

**POR SU SEGURIDAD:**
**VISITANTES ACOMPAÑANDO AL PACIENTE DEBERÁN CAMBIARSE A LA BATA PROPORCIONADA.**
**SUGERIMOS USAR PROTECCIÓN AUDITIVA EN LA SALA DEL EXAMEN DE MRI.**

☐ Si ☐ No Ha tenido cirugía u operación anteriormente (ej. artroscopia, endoscopia, etc.) de cualquier tipo?
En caso afirmativo, indique las cirugías y las fechas: _____

☐ Si ☐ No Ha tenido lesión en el ojo que involucra metales (ej. astillas metálicas, objeto extraño, etc.)?
En caso afirmativo, describa: _____

☐ Si ☐ No Alguna vez ha sido lesionado por un objeto metálico o un objeto extraño (ej. BB, bala, metralla etc.)?
En caso afirmativo, describa: _____

☐ Si ☐ No Está embarazada o sospecha que puede estar embarazada?

**INDIQUE SI TIENE ALGUNO DE LOS SIGUIENTES**

☐ Pinza(s) de aneurisma
☐ Marcapasos cardíaco
☐ Cardioversor-desfibrilador implantado (ICD)
☐ Implante o dispositivo electrónico
☐ Implante o dispositivo activado magnéticamente
☐ Sistema de neuroestimulación
☐ Estimulador de la médula espinal
☐ Coclear, otológico u otro implante del oído
☐ Bomba de infusión o insulina
☐ Dispositivo implantado para infusión de medicina
☐ Algún tipo de prótesis o implante
☐ Extremidad artificial o prostética
☐ Objeto o fragmento metálico en su cuerpo
☐ Objeto metálico interno o externo
☐ Aretes (body piercings)
☐ Aparato del oído
☐ Otro implante: _____
☐ Otro objeto: _____

**INSTRUCCIONES IMPORTANTES**

Debe quitarse todo objeto metálico en el vestidor, incluyendo:

- Aparato auditivo
- Teléfono celular y beepers
- llaves
- los anteojos
- pasadores de pelo y broches
- Joyas (incluyendo body piercings)
- reloj
- alfileres
- clip del dinero y monedas
- Tarjetas de crédito, de banco y de banda magnética
- plumas
- cuchillo de bolsillo
- cortaúñas
- botas / zapatos con punta de acero
- herramientas
- objetos metálicos sueltos

Consulte con el Técnico si tiene alguna pregunta o duda ANTES de entrar a la sala del escáner de MRI.

**ATESTACIÓN DEL VISITANTE**

Yo declaro que la información en este cuestionario es correcta. Yo he leído y entendido el contenido de este cuestionario y he tenido la oportunidad de hacer preguntas acerca de mi seguridad en la sala de examen de MRI.

Firma Del Visitante: _____ Fecha De Hoy: _____

**PARA USO DEL PERSONAL:**

Screening Performed By: ☐ MRI Technologist ☐ Nurse ☐ Radiologist ☐ Other: _____

Staff Signature: _____ Print Name: _____

** Scan this form into the medical record of the patient who this visitor accompanied **

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# INFORMED CONSENT- MRI BREAST EXAM (SPANISH)
# CONSENTIMIENTO INFORMADO - EXAMEN DE MRI DE MAMA

Nombre Del Paciente: _____ Número De Expediente Médico: _____

Centro De Imagen: _____ Fecha: _____

**Información Para El Paciente:**

Se nos ha pedido realizará un examen de resonancia magnética (MRI) de sus senos. Este estudio especializado se hace generalmente para una bola en el seno o hallazgo mamo gráfico que se cree es posiblemente cáncer o para definir la extensión de un tumor de mama.

A continuación se mencionan algunas de las ventajas y limitaciones de este examen.

Ventajas y limitaciones:

El MRI de seno con frecuencia puede detectar cánceres de mama hasta unos 3-5 mm de diámetro (el tamaño de un chícharo), incluso cuando las mamografías o examen físico son normales; Sin embargo, los tumores más pequeños de 3 mm pueden pasar desapercibidos. En raras ocasiones los cánceres más grandes, que no absorben el medio de contraste de MRI bien, pueden no ser detectados. Además, algunos trastornos mamarios benignos pueden parecer cáncer y pueden entonces requerir ultrasonido o biopsia para el diagnóstico final.

Algunas formas de cáncer de mama no invasivo llamado carcinoma ductal in situ (CDIS) o carcinoma lobular in situ (CLIS) no pueden ser detectados por este examen, pero se pueden observar en las mamografías o en las muestras de patología de una biopsia o cirugía. Por lo tanto, las mamografías siguen siendo muy importantes para el diagnóstico y, sobre todo, durante el seguimiento.

Resonancia magnética (MRI) de la mama, cuando se utiliza junto con una mamografía y examen de mama, puede ayudar a mejorar el diagnóstico del cáncer de mama. Como resultado, la cobertura de seguro para el MRI de mama relacionado con el cáncer en general ha sido favorable.

Este examen puede mostrar los ganglios linfáticos bajo el brazo y en el pecho; aunque algunas de ellas pueden parecer normales, aún pueden contener tumor cuando se examina con el microscopio del patólogo. Se hace ultrasonido de alta resolución generalmente después de la resonancia magnética para comprobar áreas vistas en el examen de resonancia magnética.

**Atestación del Paciente:**

Mi firma en este formulario indica que:

1. Leí y entiendo la información proporcionada en este formulario;
2. Autorizo y doy consentimiento para la realización de este examen;
3. Me informaron acerca de este procedimiento y tuve la oportunidad de hacer preguntas.

**Entiendo que la atención médica de emergencia o de seguimiento, de ser necesaria, es responsabilidad financiera directa del paciente que recibe los servicios adicionales de terceros (transporte en ambulancia a un hospital, llamada al 911, atención médica, etc.).**

Firma Del Paciente: _____ Fecha: _____

Si el paciente es menor de edad o tiene un guardian Legal:

Firma Del Padre/Guardián: _____ Fecha: _____

Firma Del Testigo: _____ Título: _____
(Tecnólogo, Radiólogo, Enfermera)

RadNet

# CONSENTIMIENTO INFORMADO - MRI DURANTE EL EMBARAZO
## (Informed Consent - MRI During Pregnancy)

Nombre Del Paciente: _____ Número de Expediente Médico: _____

Centro De Imagen: _____ Fecha: _____

## Información Para El Paciente:

En general, no existen riesgos conocidos por del uso del MRI en pacientes embarazadas. Sin embargo, el MRI se reserva el uso en pacientes embarazadas sólo para hacer frente a problemas muy importantes o anormalidades sospechosas.

En cualquier caso, el MRI es más seguro para el feto que los rayos-x. Los principales problemas de seguridad están relacionados con posibles efectos biológicos del campo magnético estático del sistema del MRI, los riesgos asociados con la exposición a los campos magnéticos, los posibles efectos adversos de la radiofrecuencia (RF) de campos electromagnéticos, y los posibles efectos adversos relacionados con la combinación de estos tres diferentes campos electromagnéticos.

Hasta la fecha, no hay evidencia científica concluyente para apoyar una relación directa entre el examen de MRI y riesgos al feto en desarrollo. De acuerdo con el Comité de Seguridad de la Sociedad de Imagen de Resonancia Magnética, exámenes de MRI son indicados para el uso en mujeres embarazadas si otro tipo de imágenes de diagnóstico no ionizantes no son suficientes, o si el estudio proporciona información importante que de otro modo requerirían la exposición a la radiación ionizante (es decir, de rayos x, CT, etc.).

Como se ha indicado, aunque no hay ninguna indicación de que el uso clínico de Resonancia Magnética (examen del MRI) durante el embarazo produce efectos perjudiciales, de acuerdo con la FDA, la seguridad de los exámenes de MRI durante el embarazo no se ha probado definitivamente.

Examen del MRI a pacientes embarazadas se realiza cuando el médico del paciente ha decidido que las ventajas del MRI superan los riesgos potenciales.

**El gadolinio no se recomienda usar en el embarazo.** El gadolinio ha demostrado cruzar la placenta e aparecer dentro de la vejiga fetal tras la administración intravenosa.

## Atestación del Paciente:

Mi firma en este formulario indica que:

1. Leí la advertencia anterior y entiendo los efectos potenciales a mi feto no nacido;
2. Autorizo y doy consentimiento para someterme a este examen de MRI según lo prescrito por mi médico;
3. Me informaron acerca acerca de este procedimiento y tuve la oportunidad de hacer preguntas;

**Entiendo que la atención médica de emergencia o de seguimiento, de ser necesaria, es responsabilidad financiera directa del paciente que recibe los servicios adicionales de terceros (transporte en ambulancia a un hospital, llamada al 911, atención médica, etc.).**

Firma Del Paciente: _____ Fecha: _____

Si el paciente es menor de edad o tiene un guardian Legal:

Firma Del Padre / Guardián: _____ Fecha: _____

Firma del Radiólogo: _____ Fecha: _____

RadNet

# INFORMACION Y CONSENTIMIENTO – PROCEDIMIENTO DE MRI VOLUNTARIO

Nombre del Paciente: _____ Número de Expediente Médico: _____

Centro De Imágen: _____ Fecha: _____

Examen: _____

**Información Para El Paciente:**

**Propósito:** Usted ha sido seleccionado para participar en un estudio de un nuevo procedimiento de resonancia magnética que se realiza en el centro de imágenes nombrado arriba. Su participación en este estudio es completamente voluntario.

Este estudio está diseñado para evaluar la eficacia de un nuevo protocolo de exploración. En concreto, con el uso de esta tecnología, esperamos desarrollar un protocolo de imágenes diagnósticas que aumentará nuestra capacidad para diagnosticar la enfermedad y permiten a los médicos dar mejor tratamiento a sus pacientes.

**Procedimiento:** Se le pedirá revisar y completar documentos adicionales específicos para el procedimiento de una MRI que usted se ofreció voluntariamente para recibir. Esto nos permitirá documentar su historial médico, descubrir si tiene alguna contraindicación para el procedimiento, y proporcionar detalles sobre los posibles riesgos o efectos secundarios. Es importante hacer preguntas sobre cualquier cosa que no entienda. Usted tiene el derecho de aceptar o rechazar cualquier procedimiento propuesto basándose en la descripción o explicación recibida.

Hoy va a someterse a una resonancia magnética (MRI). El MRI es una técnica de imágenes de diagnóstico sin dolor que tiene la ventaja de evitar la exposición a radiación de los rayos x. No se conocen efectos secundarios de un MRI. Durante la exploración, debe permanecer muy quieto en el interior del tubo magnético. Habrá, ruidos repetitivos fuertes que se producen durante el examen a medida que avanza de escaneo. Ocasionalmente, los pacientes requieren de contraste líquido que se inyecta intravenosamente para mejorar las imágenes. El tiempo de exploración depende de la zona exacta del cuerpo estudiado, puede ser de 30 a 90 minutos.

Algunos pacientes pueden experimentar una sensación de claustrofobia durante el examen. Por lo tanto, los pacientes con antecedentes o claustrofobia deben informar al personal del centro de imagen antes del examen. El tecnólogo estará cerca durante el examen. Por lo general, un medio de comunicación con el personal, como un timbre en poder del paciente, que puede ser utilizado para el contacto si usted no puede tolerar el examen.

**Contraindicaciones:** Todos los objetos metálicos en el cuerpo deben ser removidos antes de obtener una imagen de resonancia magnética. Los pacientes con marcapasos, implantes metálicos, o partículas metálicas o grapas dentro de su cuerpo tal vez no podrán recibir el examen por el efecto del imán en estos objetos. Un técnico revisará su formulario historial cuidadosamente para determinar si tiene alguna contraindicación que prohíba tener el examen de MRI.

**Contraste de MRI:** El contraste de gadolinio se utiliza a veces durante el MRI para hacer ciertos tejidos, anormalidades o procesos patológicos más claramente visible. El medio de contraste de gadolinio se administra por inyección intravenosa a través de una pequeña aguja en una vena de su brazo, ya sea por inyección manual o mediante un inyector automático. La mayoría de los pacientes no notarán ninguna sensación, aunque un pequeño número reportará una sensación de frío en el brazo durante la inyección y un número aún menor notará náuseas leves. Dolor de cabeza y vómitos ocurre raramente. Se han producido reacciones alérgicas (anafilácticas) a medio de contraste de gadolinio, pero son extremadamente raras. Estas reacciones graves, que pueden implicar dificultad para respirar e hinchazón de los labios y la boca, se presentan en aproximadamente 1 de cada 10,000 personas que reciben gadolinio. Estas reacciones severas generalmente responden muy bien al tratamiento urgente de fármaco dado en el departamento de MRI.

En pacientes con función renal normal la mayor parte del medio de contraste de gadolinio inyectado es casi en su totalidad expulsado en la orina dentro de las 24 horas. Contraste de gadolinio debe evitarse en pacientes con disminución de la función renal o insuficiencia renal (ya sea crónica o aguda), y el síndrome hepatorrenal (una condición que implica reducción de la función del hígado y los riñones).

La fibrosis sistémica nefrogénica (NSF), una enfermedad debilitante que resulta en las contracturas de la piel (engrosamiento de la piel localizada y apriete) y daños en órganos internos ha ocurrido con algunos medios de contraste de gadolinio basada en una minoría de pacientes que tenían anomalías de la función renal graves preexistente.

Si está embarazada o cree que puede estar embarazada por favor informe al personal del centro de imagen antes de tener el procedimiento para que un médico puede hablar con usted acerca de los riesgos y beneficios de contar con gadolinio para usted y su feto.

## INFORMACION Y CONSENTIMIENTO – PROCEDIMIENTO DE MRI VOLUNTARIO



**Beneficio Anticipado**: Dado que este procedimiento es voluntario, usted no tiene ninguna garantía de beneficio médico de la participación. Este estudio no se realiza para diagnosticar su condición o mejorar su salud.

**Obligación Financiera**: Ni usted, ni su compañía de seguros, se le cobrará por su participación en este estudio voluntario. No se le pagará por participar.

**Privacidad y Confidencialidad**: Las únicas personas que sabrán que usted es un sujeto de estudio voluntario son miembros del equipo de estudio y, si es apropiado, su médico. Ninguna información que revela su identidad será revelada a terceros sin su permiso, excepto:

- Si es necesario para proteger su bienestar (por ejemplo, si usted se lesiona y necesita atención de emergencia); *o*
- Si lo requiere la ley.

Si los resultados de este estudio son publicados o discutidos en conferencias, ninguna información se incluirá que revelaría su identidad.

**Participación y Retiro**: Su participación en este estudio es completamente voluntaria. Si decide no participar, esto no afectará su relación con nuestro centro de imágenes o su derecho a la atención médica u otros servicios a los que tiene derecho.

**Atestación del Paciente:**

Mi firma en este formulario indica que:

1) Leí y entiendo la información proporcionada en este formulario;
2) Autorizo y doy consentimiento para la realización de este examen; y
3) Me informaron acerca de este procedimiento y tuve la oportunidad de hacer preguntas.

**Entiendo que la atención médica de emergencia o de seguimiento, de ser necesaria, es responsabilidad financiera directa del paciente que recibe los servicios adicionales de terceros (transporte en ambulancia a un hospital, llamada al 911, atención médica, etc.).**

Firma Del Paciente: _____ Fecha: _____

Si el paciente es menor de edad o tiene un guardián Legal:

Firma Del Padre/Guardián: _____ Fecha: _____

Firma Del Testigo: _____ Título: _____

(Tecnólogo, Radiólogo, Enfermera)

# ANSIÓLISIS MEDICAMENTOS Y CONSENTIMIENTO

Nombre Del Paciente: _____ Número de Expediente Médico: _____

Centro De Imagen: _____ Fecha Del Examen: _____

Fecha de Nacimiento: _____ Edad: _____ Estatura: _____ Peso: _____

**Medicamentos Que Está Tomando**

Medicamento: _____ Dosis: _____ Hora De Última Dosis: _____ ☐am ☐pm

Medicamento: _____ Dosis: _____ Hora De Última Dosis: _____ ☐am ☐pm

Medicamento: _____ Dosis: _____ Hora De Última Dosis: _____ ☐am ☐pm

Medicamento: _____ Dosis: _____ Hora De Última Dosis: _____ ☐am ☐pm

| Historial Médico | Si | NO | | Si | NO | | Si | NO |
|---|---|---|---|---|---|---|---|---|
| Alergia al Ansiolítico | ☐ | ☐ | Asma | ☐ | ☐ | Convulsiones | ☐ | ☐ |
| Enfisema Severa | ☐ | ☐ | Tos / Dificultad Para Respirar | ☐ | ☐ | Diabetes | ☐ | ☐ |
| Insuficiencia Renal | ☐ | ☐ | Apnea | ☐ | ☐ | Fiebre Reciente | ☐ | ☐ |
| Enfermedad Del Higado | ☐ | ☐ | Infecciones respiratorias recientes | ☐ | ☐ | Regurgitación O Vómito. | ☐ | ☐ |
| Embarazada en este momento. | ☐ | ☐ | Alta presión | ☐ | ☐ | Retraso en desarrollo | ☐ | ☐ |
| Bebió alcohol hoy | ☐ | ☐ | Problemas Del Corazón | ☐ | ☐ | Reacción al Ansiolítico | ☐ | ☐ |
| Tomo medicamentos antidepresivos o antipsicóticos | | | | ☐ | ☐ | | | |

Anote todas sus alergias: _____

**Información Para El Paciente:**

Usted ha solicitado recibir una dosis leve de ansiolítico (tranquilizante) para ayudarle a completar su examen de MRI. La siguiente información es proporcionada para informarle acerca de los posibles efectos secundarios de este medicamento. Efectos secundarios muy comunes incluyen: sueño, mareos, inestabilidad, cambios en el habla, falta de memoria, visión borrosa, dificultad para concentrarse, latidos rápidos del corazón, palpitaciones, presión arterial baja, náuseas, sequedad de boca y muy raramente, dolor de cabeza, confusión, o depresión con estado de ánimo irritable.
Usted no debe conducir después de recibir el ansiolítico (tranquilizante), es por ello que debemos confirmar que tiene un conductor con usted hoy.

**Orden De Ansiolítico (Tranquilizante) sera completado por personal / Anxiolysis Medication Order**

Medicamento/Dosis: _____ ☐ Oral ☐ IV Hora Administrada: _____ ☐am ☐pm

Ordenado Por: ☐ Médico del Centro ☐ Medico de Referencia Nombre: _____

Autorizado para administrar por: Firma del Médico del Centro: _____

Repetición y/o medicamentos adicionales de ansiolíticos administrados deben documentarse aquí abajo:

Medicamento/Dosis: _____ ☐ Oral ☐ IV Hora Administrada: _____ ☐am ☐pm

Autorizado para administrar por: Firma del Médico del Centro: _____

**Atestación del Paciente:**

Mi firma en este formulario indica que: 1) Autorizo y doy consentimiento para la administración del ansiolítico nombrado anteriormente. 2) Me informaron acerca de este procedimiento y tuve la oportunidad de hacer preguntas. 3) Reconozco que debo tener un conductor después de mi examen.

**Entiendo que la atención médica de emergencia o de seguimiento, de ser necesaria, es responsabilidad financiera directa del paciente que recibe los servicios adicionales de terceros (transporte en ambulancia a un hospital, llamada al 911, atención médica, etc.).**

Firma Del Paciente: _____ Fecha: _____

Si el paciente es menor de edad o tiene un guardian Legal:
Firma Del Padre / Guardián: _____ Fecha: _____

Firma Del Testigo: _____ Título: _____
(Tecnólogo, Radiólogo, Enfermera)

**Signos vitales completados por personal / Visually Monitor Pulse Ox Continuously Throughout Exam**

AT START OF EXAM Time: _____ Pulse Ox Reading: _____

APPROXIMATELY MID- EXAM Time: _____ Pulse Ox Reading: _____

AT END OF EXAM Time: _____ Pulse Ox Reading: _____

DISCHARGE CRITERIA: ☐ Patient is alert ☐ Steady when standing ☐ Can ambulate with assistance

WHEELCHAIR PATIENT DISCHARGE CRITERIA: ☐ Patient is alert

Observed by: _____ Title: _____

RadNet

# INSTRUCCIONES PARA DESPUES DE LA ADMINISTRACION DEL ANSIOLÍTICO

**ESTE FORMULARIO DEBE SER FIRMADO POR TODOS LOS PACIENTES QUE TOMEN UN AGENTE ANSIOLÍTICO. DEBE SER FIRMADO ANTES DE TOMAR EL MEDICAMENTO CUANDO EL MEDICAMENTO SEA ADMINISTRADO EN NUESTRA OFICINA.**

Nombre Del Paciente: _____ Fecha: _____

Médico Que Lo Refirió: _____ Radiólogo: _____

Centro De Imagen: _____ Teléfono Del Centro: _____

Nombre del medicamento: _____ Dosis: _____ a: _____ am / pm

☐ El medicamento fue recetado por el médico de referencia y auto-administrado por el paciente
☐ El medicamento fue recetado por el médico del centro y se administró en el centro

## Información del Medicamento

**Este medicamento ha sido ordenado para disminuir su ansiedad y permitir llevar a cabo este examen.** Efectos secundarios muy comunes incluyen: sueño, mareos, inestabilidad, cambios en el habla, falta de memoria, visión borrosa, dificultad para concentrarse, latidos rápidos del corazón, palpitaciones, presión arterial baja, náuseas, sequedad de boca y muy raramente, dolor de cabeza, confusión, o depresión con estado de ánimo irritable.

**Se recomienda encarecidamente no conducir o manejar maquinaria por lo menos veinticuatro (24) horas**. Este Centro no será responsable si decide conducir o manejar maquinaria en menos del plazo recomendado.

**Le recomendamos lo siguiente:**

1. Debe ser transportado de este centro bajo la escolta de un conductor designado por usted.
2. Nada de bebidas alcohólicas hasta el siguiente día.
3. No tome ningún relajante muscular, sedativo, hipnótico o cualquier medicamento que pudiera alterar el estado de ánimo por lo mínimo 24 horas a menos que su doctor el cual debe ser informado que usted ha tomado este medicamento lo indique.
4. Lleve este formulario con usted en caso de tener que ir a una sala de emergencia o consulta con su médico dentro de las próximas 24 horas.

**Llame a su médico con cualquier pregunta o problema.** Su médico puede comunicarse con nuestro radiólogo para obtener más información.

## Atestación del Paciente

Mi firma en este formulario indica que:

1. He leído y entendido la información proporcionada en este formulario;
2. He sido informado verbalmente acerca de mi dada de alta médica; y
3. He tenido la oportunidad de hacer preguntas.
4. No manejaré después de tomar medicamento para la ansiedad.

Nombre del Paciente: _____ Fecha: _____

Si el paciente es menor de edad o tiene un guardián Legal:

Firma del Padre/Guardián: _____ Fecha: _____

Firma Del Testigo: _____ Título: _____
(Tecnólogo, Radiólogo, Enfermera)

PROVIDE A SIGNED COPY OF THIS FORM TO THE PATIENT

RadNet

## LIBERACIÓN DE RESPONSABILIDAD AL SALIR SOLO(A) Y CONDUCIR
**(Saliendo en contra del consejo médico)**

Nombre del Paciente: _____ Número de Expediente Médico: _____

Fecha: _____ Hora: _____ am / pm

Centro de Imagen: _____

**Información Médica:**

Esto es para certificar que yo, la persona nombrada arriba, un paciente en el centro de imágenes nombrado arriba, me voy solo(a) y voy a manejar un vehículo motorizado en contra del consejo del personal médico.

Por este medio declaro que he sido informado(a) de los riesgos involucrados en la operación de un vehículo motorizado en este momento y por este medio libero al Centro y sus empleados de toda responsabilidad por cualquier mal efecto que pueda resultar de esta acción

**Su firma en este formulario indica que usted:**

- **Ha leído y entendido la información proporcionada en este formulario;**
- **Ha sido informado verbalmente acerca de su dada de alta médica; y**
- **Ha tenido la oportunidad de hacer preguntas.**

**Entiendo que la atención médica de emergencia o de seguimiento, de ser necesaria, es responsabilidad financiera directa del paciente que recibe los servicios adicionales de terceros (transporte en ambulancia a un hospital, llamada al 911, atención médica, etc.).**

Firma Del Paciente: _____ Fecha: _____

Firma Del Testigo: _____ Título: _____

(Tecnólogo, Radiólogo, Enfermera)

**SOLO PARA USO DEL CENTRO DE IMAGEN (For Imaging Center Use Only)**

☐ The patient refused to sign the release form.

Describe below any actions taken as a result of the patient leaving the facility against medical advice.

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# INSTRUCCIONES DE ALTA PARA LA EXTRAVASACIÓN DE CONTRASTE

Nombre Del Paciente: _____ Teléfono: _____ Fecha: _____

Médico Que Lo Refirió: _____ Teléfono Del Médico: _____

Medicación / Contraste: _____ Volumen Administrado: _____

Centro De Imagen: _____ Teléfono Del Centro: _____

Dirección Del Centro: _____ Ciudad: _____ Estado: _____ Código Postal: _____

**Información Del Paciente:**

Su médico le recetó una inyección de contraste que ayuda mejorar su examen. Durante la inyección, se cree o se sabe que algo del material de contraste se infiltró en los tejidos blandos que rodean el área de la inyección. Los efectos secundarios comunes de la extravasación de contraste incluyen hinchazón, enrojecimiento y dolor en el área afectada.

Debido a que la gravedad y el pronóstico de la lesión es difícil de determinar en la evaluación inicial de la zona afectada, el seguimiento clínico durante varias horas es esencial.

1. Aplique compresas húmedas y elevar la zona afectada durante veinticuatro horas.
   Utilice sólo agua de la llave para calentar o enfriar las compresas.

   ❑ **El Radiólogo Recomienda Compresas Tibias Y Masaje Suave.**
   Para evitar una quemadura, el agua utilizada debe ser de menos de 100 grados.

   ❑ **El Radiólogo Recomienda Compresas Frías Y Masaje Suave.**
   No aplique compresas de hielo o frías directamente sobre la piel, utilice un paño frío.

   ❑ **El Radiólogo Recomienda Alternar Compresas Frías Y Calientes Y Masaje Suave.**
   Para evitar una quemadura, el agua utilizada debe ser de menos de 100 grados. No aplique compresas de hielo o frías directamente sobre la piel, utilice un paño frío.

2. La hinchazón puede durar dos o tres días y debe disminuir gradualmente. Si la hinchazón aumenta, llame a su médico de cabecera inmediatamente para una consulta.

3. Si se produce ampollas o rotura de la piel, llame a su médico de cabecera inmediatamente para una consulta.

4. Si hay un aumento de calor, enrojecimiento, dolor o cualquier otro problema relacionado con el área de la inyección, llame inmediatamente a su médico de cabecera para una consulta

5 Si se producen problemas cuando su médico de cabecera no está disponible, vaya a la sala de emergencias

6. Estaremos encantados de cooperar con su médico, proporcionando información sobre la inyección de contraste que recibió. Por favor notifíquenos al número de teléfono en la parte superior de este formulario si usted busca tratamiento para el área de inyección en relación con el examen de hoy.

**En caso de emergencia o necesidad de atención médica debido al examen de hoy, lleve este formulario para que el médico sepa qué tipo de medicina o contraste recibió.**

Firma Del Paciente: _____ Fecha: _____

Si el paciente es menor de edad o tiene un guardian Legal:
Firma Del Padre / Guardián: _____ Fecha: _____

Firma Del Testigo: _____ Título: _____
(Tecnólogo, Radiólogo o Enfermera)

Scan the signed document into RIS and give a copy to the patient.

RadNet

# INSTRUCCIONES PARA SU REACCION DE CONTRASTE AL DARLE DE ALTA

Nombre Del Paciente: _____ Teléfono: _____ Fecha: _____

Médico Que Lo Refirió: _____ Teléfono Del Médico: _____

Exam De Hoy: _____ Medicación/Contraste Administrado: _____ Volumen: _____

Centro De Imagen: _____ Teléfono Del Centro: _____

Dirección Del Centro: _____ Ciudad: _____ Estado: _____ Código Postal: _____

## Información Del Paciente:

Durante la administración de la medicina o el contraste del examen de hoy, usted desarrolló una reacción alérgica. El medicamento o contraste que usted recibió está anotado en esta forma.

**Asegúrese de decirles a sus médicos acerca de esta reacción y el tratamiento que se administró, en particular antes de tener exámenes de contraste en el futuro.** Entregue una copia de esta forma a su médico referente para que él o ella lo tengan registrado.

**Médico que evalúo al paciente después de la reacción:** _____

**Type of reaction experienced:**

- ❑ Urticaria en la piel con picazón
- ❑ Ahogo o dificultad para respirar debido a un espasmo o inflamación
- ❑ Ataque asmático
- ❑ Reducción de presión arterial
- ❑ Otro: _____

**Tratamiento administrado:**

- ❑ Observación: cantidad de tiempo _____
- ❑ Líquidos para beber: _____
- ❑ Líquidos a través de la vena: _____
- ❑ Medicamentos administrados: _____
- ❑ Otro: _____

**Siga con las Instrucciones:**

- ❑ Beber 6 a 8 vasos de líquidos hoy, evitar beber alcohol.
- ❑ Observe su piel durante 4 días para el desarrollo de ronchas nuevas o erupción
- ❑ Observe si llega a tener dificultad para respirar o falta de aire durante 4 días.
- ❑ En caso de una reacción tardía, contacte a su médico de cabecera inmediatamente.
- ❑ Si no puede comunicarse con su médico, la sala de emergencias local está abierta las 24 horas al dia

**Información adicional** (si es necesario): _____

_____

**Información importante:**

Por favor, mantenga esta forma para que esté disponible para su referencia si llega a tener otro examen en el futuro que implique el uso de este medicamento o contraste anotado en esta forma.

**En caso de emergencia debido a una reacción tardía, vaya inmediatamente a la sala de emergencia y lleve esta forma para informarles qué tipo de medicamento o contraste ha recibido usted.**

Firma Del Paciente: _____ Fecha: _____

Si el paciente es menor de edad o tiene un guardian Legal:
Firma del Padre / Guardián: _____ Fecha: _____

Firma Del Testigo: _____ Título: _____
(Tecnólogo, Radiólogo o Enfermera)

Scan the signed document into RIS and give a copy to the patient.

Facility Name: _____

Address: _____

City, State ZIP: _____

RadNet

# CONSENTIMIENTO MRI Y DISPOSITIVO ELECTRÓNIC

Effective Date: February 1, 20

## Datos Demográficos Del Paciente:

Nombre del Paciente: _____ Número de Expediente Médico: _____

Fecha del Examen: _____ Médico que le refirió: _____

Dispositivo electrónico/mecánico que llevará puesto en el escáner: _____

## Información Para El Paciente:

El fuerte campo magnético utilizado durante los exámenes de MRI puede interferir con los dispositivos médicos implantados y externos, electrónicos y mecánicos. Los dispositivos médicos que podrian verse afectados por estos fuertes campos magnéticos incluyen, pero no se limitan a:

- Neuroestimuladores
- Bombas de infusión de fármacos, incluyendo bombas de insulina
- Estimulador de la médula espinal
- Estimulador de crecimiento o fusión del hueso
- Estimulador cerebral profundo
- Marcapasos cardíaco y desfibriladores

El imán del sistema de MRI siempre está encendido. Los eventos adversos del dispositivo causados por un fuerte campo magnético podrían incluir cambios transitorios en la producción, fallos en el dispositivo y restablecimiento o reprogramación de los ajustes del dispositivo.

Cuando estos dispositivos no pueden ser removidos antes de entrar en el escáner de MRI, se recomienda que estos dispositivos se apaguen durante el examen. Es responsabilidad del paciente de apagar y encender su propio dispositivo médico.

## Atestación del Paciente:

Se me ha informado de que el campo magnético de MRI puede interferir con mi dispositivo electrónico / mecánico y que es mi responsabilidad apagar mi dispositivo electrónico / mecánico durante mi examen y también mi responsabilidad de reactivar mi dispositivo cuando termine mi examen.

Acepto la responsabilidad completa de mi dispositivo electrónico / mecánico y libero a mi médico (s), incluyendo al radiólogo, al centro de imágenes, a sus empleados y agentes de cualquier responsabilidad o daño o efectos negativos a mi dispositivo electrónico / mecánico o mi salud si no puedo reactivar mi dispositivo después de este procedimiento de MRI.

Mi firma en este formulario indica que:

1) He leído y comprendido la información proporcionada en este formulario;
2) Autorizo y doy consentimiento para la realización de este procedimiento; y
3) Se me ha informado acerca de este procedimiento y tuve la oportunidad de hacer preguntas.

**Entiendo que la atención médica de emergencia o de seguimiento, de ser necesaria, es responsabilidad financiera directa del paciente que recibe los servicios adicionales de terceros (transporte en ambulancia a un hospital, llamada al 911, atención médica, etc.).**

Firma del Paciente: _____ Fecha: _____

Firma de Padre / Guardián: _____ Fecha: _____

(Si el paciente es menor de edad o tiene un tutor legal)

Firma Del Testigo: _____ Título: _____

(Tecnólogo, radiólogo o enfermera)

# MRI Safety Program Assessment Checklist

Site: _____

| e site's written MRI safety policy addresses the following: | Yes/No/NA |
|---|---|
| 1. Designated MR medical director | |
| 2. Site access restrictions (MR zones) | |
| 3. Documented MR Safety education/training for all personnel | |
| 4. Patient and non-MR personnel screening | |
| 5. Pediatric patients | |
| 6. Magnet quench | |
| 7. Cryogen safety | |
| 8. Acoustic noise | |
| 9. Pregnant patients and staff | |
| 11. Contrast agent safety | |
| 12. Sedations | |
| 13. Thermal burns | |
| 14. Emergency code procedures | |
| 15. Device and object screening | |
| 16. Designation of MR safe/MR conditional status | |
| 17. Reporting of MR safety incidents or adverse incidents | |
| 18. Patient communication | |
| 19. Infection control and medical waste | |

| ACR criteria for compliance: | Yes/No/NA |
|---|---|
| 1. Written policies are present and readily available to facility staff. | |
| Written policies are reviewed and updated on a regular basis. | |
| 3. Facility has appropriate MR safety warning signage and methods of controlled access. | |
| **Overall Pass/Fail** | |

**Comments**

**Reviewed by:** _____ _____

Qualified Medical Physicist/MR Scientist Date

Ex 5

EXHIBIT NO. E5 RECEIVED ✓ REJECTED _____

CASE NO. 21-RC-226164 CASE NAME: Radnet Mgmt & National Union of Healthcare Workers

NO. OF PAGES: 3 DATE: 9-4-18 REPORTER: Cmetzger

UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 21

| | | |
|---|---|---|
| RADNET MANAGEMENT, INC. | : | 21-RC-226166 |
| Employer | : | |
| *and* | : | |
| NATIONAL UNION OF HEALTHCARE WORKERS | : | |
| Petitioner | : | |

**EMPLOYER'S POST-HEARING BRIEF**

**September 10, 2018**

**Submitted By:** BRYAN T. CARMODY, ESQ.
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As the Employer in the above-captioned case, RadNet Management, Inc. (hereafter, the "Employer" or "RadNet") hereby respectfully submits, by and through its Undersigned Counsel, this Post-Hearing Brief to the Regional Director of Region 21 (hereafter, the "Regional Director") of the National Labor Relations Board (hereafter, the "Board").

## SUMMARY OF PROCEEDINGS

On August 23, 2018, the National Union of Healthcare Workers (hereafter, the "NUHW" or the "Union") filed a Petition for Election (hereafter, the "Petition") with Region 21 of the Board, in which the Union petitioned to represent an alleged unit of 119 employees working at 17 facilities which the Union alleged were operated by RadNet. B. Ex. 1(a).[1] In its Petition, the Union sought to have the election conducted amongst eligible voters by way of a mail ballot election held from September 10, 2018 to September 27, 2018. B. Ex. 1(a). On August 23, 2018, Region 21 of the Board sent the parties a Notice of Representation Hearing, which ordered that a hearing concerning the Petition would take place beginning on Friday, August 31, 2018, and would continue as needed on consecutive days thereafter. B.

[1] Board Exhibits will be notated "B. Ex. __". Employer Exhibits will be notated "E. Ex. __". Union Exhibits will be notated "U. Ex. __". References to the transcript from the first day of hearing will be notated "(1Tr. __)". References to the transcript from the second day of hearing will be notated "(2Tr. ___)."

Ex. 1(b). On August 30, 2018, RadNet filed a timely Statement of Position with Region 21 of the Board, challenging various aspects of the Union's Petition, including the community of interest amongst the facilities included in the Union's proposed multi-facility unit, the inclusion of guards, as defined by Section 9(b)(3) of the National Labor Relations Act (hereafter, the "Act"), in the Union's petitioned-for unit, the sufficiency of the Union's showing of interest, the appropriateness of a mail ballot election, and the legality of the Board's revised election rules. B. Ex. 1(d). The Employer's Statement of Position proposed that, to the extent the Union demonstrated a sufficient showing of interest for each facility, the appropriate single-facility units for an election would exclude those employees defined as guards, and that elections should take place manually on a facility-by-facility basis, on specific dates and times proposed by the Employer's Statement of Position. B. Ex. 1(d). On Friday, August 31, 2018, the hearing concerning the Union's Petition commenced in Region 21 before Hearing Officer Stephen W. Simons (hereafter, the "Hearing Officer"), and thereafter continued, and concluded, on Tuesday, September 4, 2018. See 1Tr. and 2Tr. During the first day of the hearing, the parties reached a stipulation that clarified that the Union's Petition sought to represent technical and professional employees at fifteen separate facilities operated by RadNet. [2] B. Ex. 2. At the close

[2] The parties also stipulated that, to the extent that any unit found appropriate by the Regional Director included Registered Nurses, those individuals would vote in a Sonotone election because of their status as professional employees. B. Ex. 2.

of the hearing on the Petition, the Regional Director determined that the parties would be permitted to submit Post-Hearing Briefs concerning the issues with the Petition that were raised in the Employer's Statement of Position, and discussed at the hearing concerning the Petition. (2Tr. 164)

## QUESTIONS PRESENTED

1. Do the Board's revised election rules violate the Employer's rights, public policy, the Administrative Procedure Act (hereafter, the "APA"), and / or Sections 7, 8(c), and / or 9(b) of the Act?
2. Has the Union produced a proper and / or sufficient showing of interest with regard to the unit of employees it has petitioned to represent?
3. Has the Union proven that employees in the Union's proposed multi-facility unit share sufficient community of interest to rebut the presumed appropriateness of single-facility units?
4. Must the Union's Petition be dismissed because certain employees included in the petitioned-for unit are guards within the meaning of Section 9(b)(3) of the Act?
5. Has the Union proven that "unusual circumstances" exist, as required to substantiate its request for a mail ballot election?

## SUMMARY OF FACTS [3]

### 1. The Union's Showing of Interest

On the first day of the hearing on the Petition, Counsel for the Employer raised the Employer's position that, where the Union had petitioned for a multi-facility unit, both the Act and Board precedent required that the Union submit a sufficient showing of interest with respect to each individual site comprising the petitioned-for multi-facility unit. (1Tr. 8) Accordingly, the Employer requested that Region 21 review the showing of interest provided to the Region by the Union, in order to determine whether or not the Union had submitted a sufficient showing of interest with respect to each individual center comprising the Union's petitioned-for multi-facility unit. (1Tr. 8) The Union did not deny an obligation to submit a showing of interest sufficient as to each individual center included in the multi-facility unit for which it had petitioned, but instead argued that it would have the right to "perfect" its showing of interest at a later date, when and if the Region found that a multi-facility unit was appropriate. (1Tr. 9) Thereafter, the Hearing Officer conferred with the Regional Director, and advised the parties that the Region had

[3] Though Region 21 did not permit, and the Employer did not seek to introduce, evidence related to the Employer's arguments that the Board's revised election rules violate the Employer's rights, public policy, the APA, and Sections 7, 8(c), and 9(b) of the Act, the Regional Director ruled that the parties would be permitted to address the Employer's legal challenges to the revised election rules in their Post-Hearing Briefs. (1Tr. 24-25, 40-42)

"administratively determined" that the Union "[had] sufficient showing of interest to proceed." (1Tr. 10) The Hearing Officer did not disclose whether the Union's showing of interest was determined by the Region to be sufficient as to each individual facility included in the multi-facility unit petitioned for by the Union, or only as to the combined, multi-facility unit as a whole. See (1Tr. 10)

**2. The Union's Proof of Community of Interest**

The Union's presentation of evidence during the hearing on the Petition was focused solely on its attempt to prove community of interest between and amongst the employees working at the fifteen facilities included in the Union's proposed multi-facility unit. At the outset of the hearing, Counsel for the Union claimed that it would prove, through the presentation of evidence, that employees in the petitioned-for unit reported to one regional supervisor, that employees' schedules are regional in nature, that "significant interchange" of employees existed between and amongst the fifteen facilities in the petitioned-for unit, that the facilities share common Human Resources, that employees in the petitioned-for unit all attend the same holiday party, and that RadNet refers to the employees as one unit or one region. (1Tr. 36-37) By way of subpoenas served on the Union and one of its representatives, the Employer sought to receive, and potentially introduce, evidence relevant to the Regional Director's evaluation of certain community of interest factors, including evidence of the extent of the Union's organizing and evidence

related to employee choice. E. Exs. 1-2; (1Tr. 13) The Union moved to revoke the Employer's subpoenas on the grounds the information sought was not relevant to the representation case, and the Regional Director granted the Union's motion, holding that the information sought by the Employer's subpoenas was "not relevant to the question concerning representation raised by the Petitioner." (1Tr. 8, 9, 17)

*A. Employee Supervision*

The employees who testified during the first and second day of the hearing explained that they are managed and supervised by a variety of different individuals, depending both upon the modality (or type of radiology equipment) on which they work, and the location in which they work. Thus, while employees testified that the Lead Technologists play a role in the operations of certain modalities at various sites, the employees also confirmed that each facility employs a Site Manager who is responsible for managing the day-to-day affairs of the facility and supervising and directing the employees working at that facility. (1Tr. 78; 2Tr. 19, 25-26, 32, 35 41, 59). For example, MRI Technologist Zachary Hodgens testified that he is supervised by Lead MRI Technologist Barbara Stewart, who oversees the work of MRI Technologists at more than one site [4], but Hodgens also testified that his schedule is

[4] It is unclear from the evidence presented by the Union whether Stewart has responsibility for overseeing MRI operations for all of the facilities within the petitioned-for unit, or just some of those facilities. It is also unclear from the evidence presented by the Union whether Stewart has responsibility for additional facilities that were not included in the Union's petitioned-for unit.

managed by Site Manager Sal Herrera, and that he receives email communications about his work from Herrera. (1Tr. 56, 58, 66); U. Ex. 3. Hodgens further explained that if he was having work issues, he would report those issues to the Site Manager at the facility where he was working. (1Tr. 78) Similarly, MRI Technologist Scott Takao testified that if he had problems with his work schedule, he would report those issues not only to Stewart, but also to his Site Manager, Lisa Gordon. (2Tr. 18-19) Takao also testified that Gordon is responsible for directing his work duties, including scheduling his breaks, and making any changes to his duties or responsibilities on a given work day. (2Tr. 26-27) Finally, per diem MRI Technologist Brittany Clark testified that she was hired by the West Coast Radiology Irvine Site Manager, Ann-Marie, and that Ann-Marie manages, reviews and tracks Clark's hours of work and payroll. (2Tr. 32, 36)

This general supervisory division was also proven in a few, but not the majority, of the other job classifications included in the unit that the Union's Petition seeks to represent. For example, Ultrasound Technologist Diana Agzour testified that, while Lead Ultrasound Technologist Diana Miller completes her schedule, her Site Manager, Sal Herrera directs her work and the performance of her job duties, and completed her most recent performance review. (2Tr. 59, 61, 62) Similarly, Multi-Modality Technologist Yeril Barlup testified that Herrera, who also serves as her Site Manager, is in charge of operations at the facility and manages her work.

(2Tr. 72) Finally, Multi-Modality Technologist Grace Tseng testified that she was supervised by a Lead Mammography Technologist named Tracy, but also acknowledged that there are Site Managers present at the various facilities where she works who manage those facilities. (2Tr. 39, 41)

Contrary to Counsel for the Union's initial offer of proof, none of the seven employees who testified during the hearing testified that all employees in the petitioned-for unit were supervised by a single, regional manager. Though a few employees did reference conversations with a Regional Manager named Tim Chavez, their testimony illustrated that Chavez is not involved in the day-to-day operations of the facilities, and only rarely interfaced with the employees working in those facilities. For example, MRI Technologist Takao, who has been employed with RadNet for four years, and Multi-Modality Technologist Tseng, who has been employed with RadNet for seven years, testified that they had each only spoken with Chavez once during their employment with RadNet, in both cases when they were requesting wage increases. (2Tr. 21-22, 42) Similarly, Multi-Modality Technologist Barlup, who has been employed with RadNet for approximately four years, testified that she had only spoken with Chavez once, in circumstances where a patient had complained about her performance. (2Tr. 65, 66) Per diem MRI Technologist Clark testified that, during a period while her Site Manager was on vacation, Chavez had once asked her a clarifying question about her hours of work, as he was

completing payroll on behalf of Clark's Site Manager during her vacation. (2Tr. 36) Clark also testified that she was instructed to email Chavez an explanation of events on one occasion when she was the subject of a patient complaint. (2Tr. 33-34) Ultrasound Technologist Agzour, who has been employed with RadNet for approximately five years, testified that she had attended on meeting where both her former Site Manager, Richard, and Chavez were both present and addressed employees. (2Tr. 52) Finally, MRI Technologist Hodgens, who has been employed with RadNet for three years, did not testify about any occasion on which he had spoken with Chavez regarding any term or condition of his work for RadNet. (2Tr. 43-44)

*B. Employee Schedules*

During the hearing, the Union also presented evidence concerning employees' work schedules. MRI Technologist Hodgens initially testified that the schedules for MRI Technologists at the facilities included in the Union's petitioned-for unit are completed by MRI Lead Technologist Stewart, but both Hodgens and MRI Technologist Takao admitted that they do not participate in the creation of the MRI Technologists' schedules, and did not know whether the Site Managers of the individual facilities that offered MRI might also participate in the creation of the MRI Technologists' schedules. (1Tr. 46, 61; 2Tr. 12, 14) Similarly, per diem MRI Technologist Clark testified that Stewart, and other "schedulers" were responsible

for the creation of the MRI Technologists' schedule, as well as for assigning breaks within the schedule. (2Tr. 36) Hodgens also testified that the schedules for Ultrasound Technologists and Mammography Technologists are created on paper, rather than on the computer, and that he did not know who completed those schedules, or whether those schedules were completed for individual facilities or for some group of facilities. (1Tr. 47)

The employees who testified about scheduling also explained, and the documentary evidence further illustrates, that the schedules worked by the employees at the various facilities included in the Union's petitioned-for unit vary greatly from one facility to the next. Certain facilities, including West Coast Radiology Santa Ana, West Coast Radiology Irvine, West Coast Radiology Mission Viejo, Orange Advanced Imaging, and Anaheim Advanced Imaging, maintain weekend hours, and thus schedule employees to work weekends, while other facilities, including West Coast Radiology South Coast, La Mirada Imaging, and Orange Imaging Center, are not open on the weekends. U. Ex. 3, (2Tr. 30, 56-59). Additionally, employees testified that some facilities operate during evening hours, while other facilities do not. (2Tr. 56-59) Furthermore, of those facilities operating during weekend and evening hours, not all facilities operate the same modalities during those extended hours – for example, West Coast Radiology. Santa Ana offers MRI and CT services on weekends, whereas West Coast Radiology Irvine offers

only MRI services, and Orange Advanced Imaging offers CT and PET scan services, in addition to MRI services. U. Ex. 3. Finally, even within a given modality, like mammography (offered at five of the petitioned-for facilities), employees explained that the types of procedures scheduled, and the times at which they are offered, will both vary from facility-to-facility. (2Tr. 69-71)

Once a schedule is created and distributed, Hodgens testified that employees are responsible for finding their own coverage if they wish to make a change to their assigned schedule. (2Tr. 73-74) Hodgens' testimony implied that, in the event he needed to make a change to his schedule, he would inquire of his co-workers at the facility where he was scheduled to work about their ability to cover for him, as opposed to asking all MRI Technologists in the unit petitioned for by the Union. (1Tr. 73-74) Similarly, Hodgens testified that he had been contacted by other MRI Technologists about covering their shifts, but only when he was working at the same facility as the MRI Technologist seeking coverage. (1Tr. 75)

*C. Employee Interchange*

Employees additionally offered testimony concerning the fact that some employees are regularly scheduled to work at more than one facility within the petitioned-for bargaining unit. However, the evidence illustrates that employees in the various job classifications included in the Union's Petition do not interchange amongst and between all the facilities within the Union's petitioned-for unit. For

example, the sole Ultrasound Technologist who testified during the hearing has only ever worked at three of the fifteen facilities the Union seeks to represent. (2Tr. 49, 50) The two Multi-Modality Technologists who testified during the hearing have only ever worked at seven of the fifteen facilities the Union seeks to represent, and of those seven facilities, three of the facilities were the same as the facilities at which the Ultrasound Technologist had worked. [5] (2Tr. 39, 42, 49, 50, 64) Finally, the four MRI Technologists who testified at the hearing testified that they had worked at seven of the fifteen facilities that the Union sought to represent, and six of those facilities were the same facilities at which the Multi-Modality Technologists had worked. (1Tr. 44-45; 2Tr. 6-8, 32, 44, 49, 50, 64) Thus, in summary, the Union presented some limited evidence of employee interchange at a total of nine of the facilities included in the Union's petitioned-for unit, and no evidence whatsoever of any interchange occurring with regard to the other six facilities included in the Union's petitioned-for unit. B. Ex. 2; (1Tr. 44-45; 2Tr. 6-8, 32, 39, 42, 44, 49, 50, 63, 64) Furthermore, the Union presented some limited evidence of interchange of MRI Technologists only between seven facilities, limited evidence interchange of Multi-Modality Technologists only between six facilities, and interchange of only

[5]Additionally, Multi-Modality Technologist Barlup testified that, of the four facilities within the petitioned-for unit that she has worked at, she has only ever worked at two facilities at the same time – first she worked for West Coast Irvine and Breastlink Women's Imaging Irvine, until she requested a transfer, after which she began working at La Mirada and West Coast Santa Ana. (2Tr. 63-64)

one Ultrasound Technologist between four facilities. (1Tr. 44-45; 2Tr. 6-8, 32, 39, 42, 44, 49, 50, 63, 64) Finally, the Union presented no evidence whatsoever of any interchange of Mammography Technologists [6], Lead Mammography Technologists, Radiology Technologists, Lead Radiology Technologists, Nuclear Medicine / PET Technologists, CT Technologists, Lead CT Technologists, Registered Nurses, or Licensed Vocational Nurses between and amongst the fifteen petitioned-for sites, despite the fact that employees in these job classifications are employed at some combination of all fifteen of the facilities included in the Union's Petition. [7] B. Ex. 2.

Furthermore, the testimony proffered by the MRI Technologists who testified during the hearing also illustrated that per diem and "float" employees of RadNet may experience greater interchange amongst the facilities included in the petitioned-for unit than do full-time or part-time employees. For example, MRI Technologist Hodgens testified that, when he had previously served as a per diem employee of

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[6] In fact, Multi-Modality Technologist Tseng, who performs mammography work as part of her duties, testified that she has only ever performed mammography work in one location. (2Tr.39)

[7] At the outset of the hearing, Counsel for the Union also claimed that the Union's evidence would illustrate that employees were told upon hire that they could be sent to any clinic in the petitioned-for region, but the Union presented no testimony to support this assertion during the hearing. (1Tr. 36-37) Similarly, Counsel for the Union claimed that the Union would present evidence of employee "transfers" within the petitioned-for unit, but the Union did not present any such evidence during the hearing. (1Tr. 37)

RadNet, he had worked at Orange Advanced Imaging, Garden Grove Advanced Imaging, and West Coast Radiology South Coast, but that he has not worked at those sites since accepting a full-time position with RadNet. (1Tr. 45) Per diem MRI Technologist Clark testified that she works at five different facilities as needed. (2Tr. 32) MRI Technologist Takao testified that, when he was a "float" MRI Technologist, he worked at four different facilities, but since accepting a full-time position with RadNet three years ago, he has only worked at one facility at a time, and does not work at any other facilities. (2Tr. 6-8) MRI Technologist Robles testified that she began working at RadNet as a float MRI Technologist, and that is how she came to work at three different facilities. (2Tr. 45-46) Thus, excluding the per diem and float assignments of the MRI Technologists who testified, the evidence presented by the Union illustrates employee interchange by full-time MRI Technologists between only three of the fifteen facilities within the Union's petitioned-for unit. [8] (1Tr. 44-45; 2Tr. 6-8, 44-46)

Indeed, many of the employees who testified explained that employee interchange between and amongst the facilities included in the Union's petitioned-

[8] Multi-Modality Technologists Tseng and Barlup and Ultrasound Technologist Agzour are not identified in the record as full-time, part-time, per diem or float, but if these employees were also per diem or float employees, it would further drastically decrease the evidence of any interchange experienced by regular full-time and regular part-time employees of the facilities included in the Union's petitioned-for unit.

for unit is limited by the fact that the different facilities perform different radiologic procedures, and thus employees may lack the skills and experience necessary to work at the other sites within the region petitioned for by the Union. For example, MRI Technologist Hodgens testified that the MRI machines at the sites within the petitioned-for unit are different, and are operated differently, and therefore stated that he "wouldn't really know what [he] was doing on one of their machines.". (1Tr. 75). MRI Technologist Takao agreed, testifying that he was only "somewhat" familiar with the MRI procedures offered at other facilities within the Union's petitioned-for unit, and the MRI Technologists at other facilities, performing different types of procedures on different types of MRI equipment, would possess special skills and training. (2Tr. 29-30) Similarly, Ultrasound Technologist Agzour testified that ultrasound is a procedure that can be applied to many different parts of the human body, and that some of the different facilities within the Union's petitioned-for unit offered specialized ultrasound procedures that would require different equipment, as well as Ultrasound Technologists with specialized skills and training. (2Tr. 59-61)

*D. Human Resources*

To support its claim that employees within the petitioned-for unit are subject to common Human Resources operations, the Union introduced the RadNet Employee Handbook, which applies to all employees in all facilities owned and / or

operated by the Employer throughout the state of California. See U. Ex. 6. Additionally, MRI Technologist Takao testified that employees at the facilities he has worked at – a total of four facilities - clock into work using a computerized system known as "ADP". (2Tr. 20)

*E. Holiday Party*

Some of the employees who testified at the hearing also testified about attending a holiday party thrown by the Employer. Hodgens testified that he had attended the holiday party last year, and named a number of employees that he knew who were present. (1Tr. 68-69) However, Hodgens did not identify where those other employees who he had recognized worked, so it is unclear from his testimony which facilities' employees were invited to, or attended, the holiday party that Hodgens attended. (1Tr. 68-69) Similarly, MRI Technologist Takao testified that he attended a "region-wide" holiday party two years ago, but he did not identify whether employees from any other sites within the Union's petitioned-for unit were present at the holiday party that he attended. (2Tr. 24) MRI Technologist Clark testified that she received an email about a holiday party, but did not attend. (2Tr. 37) MRI Technologist Robles testified that she received notification of a "regional" holiday party, but the Union did not produce the notification received by Robles, and Robles did not attend the holiday party to observe which facilities' employees were present. (2Tr. 48) Finally, Ultrasound Technologist Agzour testified that she

attended the "regional" holiday party, but did not testify with regard to which facilities' employees were present at the party that she attended. (2Tr. 53)

*F. Employer Categorization*

At the outset of the hearing on the Petition, Counsel for the Union alleged that the evidence would show that the Employer referred to employees in the petitioned-for unit as "one region", but ultimately the Union presented no documentary or testimonial evidence to support this contention during the hearing on the Union's Petition. (1Tr. 37)

**3. The Employer's Evidence of Employees' Guard Status**

To support the contention made in its Statement of Position, and articulated at the hearing on the Union's Petition, that MRI Technologists (hereafter, including Lead MRI Technologists and Multi-Modality Technologists who perform MRI procedures[9]) and Nuclear Medicine Technologists (hereafter, including Nuclear Medicine / PET Technologists) serve as guards within the meaning of Section 9(b)(3) of the Act, the Employer presented testimony from Dr. Hiendrick Vartani, who has served as the Medical and Health Physicist for all of RadNet's California operations for the past eighteen years. (2Tr. 79-80) In his role as the Medical and Health Physicist, Dr. Vartani is responsible for overseeing the operation of all

[9] There are two particular Multi-Modality Technologists whom the Employer asserts perform MRI procedures – Brittany Fernandez and Angel Orense. (2Tr. 144)

modalities at the facilities included in the Union's petitioned- for unit, with the exception of mammography. (2Tr. 80) Dr. Vartani is also responsible for developing the policies, procedures, and protocols necessary to ensure compliance with all California laws regarding the operation of the imaging equipment operated by RadNet within the facilities included in the Union's Petition. (2Tr. 80) As a result of performing these responsibilities, Dr. Vartani is familiar with the facilities included in the Union's petitioned-for unit, as well as the particular job duties and responsibilities of the MRI Technologists and the Nuclear Medicine Technologists. (2Tr. 82)

*A. MRI Technologists*

MRI is an acronym for Magnetic Resonance Imaging. (2Tr. 83) MRI procedures are offered at eight of the fifteen facilities included in the Union's petitioned-for unit. (2Tr. 84) Within each facility that offers MRI procedures, the MRI procedures are performed in a separate MRI suite within the facility. (2Tr. 85) The MRI suite includes the room where the MRI machine itself is located (referred to as "Zone Four"), the room where the MRI Technologists sit while performing the imaging (referred to as "Zone Three"), and may additionally include a waiting room and / or an exterior hallway (potentially referred to as Zone Two or Zone One, depending upon how many doors separate those areas from Zone Four). (2Tr. 85, 87, 89, 91); E. Ex. 3. The four "Zones" delineate or indicate the amount and severity

of the magnetic force that the MRI machine exerts upon each separate area, with Zone Four possessing the highest levels of magnetic force, and Zone One possessing the lowest levels of magnetic force (but not necessarily *no* magnetic force). (2Tr. 89)

Within Zone Four, the MRI machine itself is primarily composed of a large, powerful magnet (of varying force, depending on the specific MRI equipment possessed by the facility) that is always turned on. (2Tr. 88-89, 90) For this reason, Dr. Vartani explained that, due to the strength of the magnetic forces created by the MRI machine within both Zone Four and Zone Three, these Zones require the highest levels of precaution be taken to avoid adverse consequences related to the potentially destructive magnetic fields emitting from the MRI machine at all times. (2Tr. 89) Because of the strength of the magnetic field in Zone Four, any substance containing metal could be sucked, with great force, into the gantry (the opening where a patient would lie during a procedure) of the MRI machine. (2Tr. 90) Dr. Vartani testified that, if a metal object were to enter Zone Four, the results could be "catastrophic". (2Tr. 97-98) For example, if a patient entered Zone Four with metal on their person (like metal shavings in their eye) or metal implanted in their body (like a cardiac stint), the metal could be sucked into the gantry (thereby blinding the individual), or the MRI machine could prevent the metal implant from working properly (in the example of the cardiac stint, by causing severe internal burns to the

individual that could cause the individual's organs to shut down). (2Tr. 94, 98, 99-100) Similarly, if a metal object was introduced into Zone Four separate and apart from the body of a patient or individual, that metal object would be sucked into the gantry with potentially serious consequences. (2Tr. 98) Dr. Vartani explained that any metal object introduced into Zone Four would essentially become a "projectile" that would fly through the air toward the gantry. (2Tr. 98) In one RadNet facility, a cleaning crew was erroneously permitted to bring a metal floor buffing machine into Zone Four, and the entire buffing machine was pulled into the gantry. (2Tr. 98) In another example that highlighted the grave potential consequences of introducing metal into Zone Four, Dr. Vartani recalled an incident that had happened at a non-RadNet facility, where a metallic oxygen tank was introduced into Zone Four while a six-year old child was being scanned. (2Tr. 98-99) Because of the strong magnetic forces present, the oxygen tank flew into the gantry while the child was still lying inside the machine, and bludgeoned the child to death. (2Tr. 98-99)

Therefore, as a result of the serious consequences of the introduction of metal into Zones Three and Four, in some facilities in the Union's petitioned-for unit, the MRI machine, and thus Zone Four, are protected by a cipher lock, to which only the MRI Technologists have the code. (2Tr. 124) In all facilities within the Union's petitioned-for unit, the only facility personnel who are permitted to access Zones Three and Four are the MRI Technologists and the radiologists and physicists who

analyze the results of the scans taken by the MRI Technologists. (2Tr. 91) The MRI Technologists at each facility are the *only* personnel tasked with policing the magnetic fields in Zones Three and Four, as set forth in great detail by the MRI Department Manual made available to all MRI Technologists electronically. (2Tr. 95-97); E. Ex. 4; See Also E. Ex. 5 (additional safety criteria which must be met by the MRI Technologists). As a result, the MRI Technologists screen and control the entry of other employees, patients and visitors into Zones Three and Four, and are required to call the police if any individual refuses to obey their directions with regard to entry into those areas. (2Tr. 100-101)

Aside from the strong magnetic forces which it emits, the MRI magnet itself can also be dangerous. Dr. Vartani testified that the MRI magnet must be maintained at a specific temperature, and that if the magnet overheats, it becomes, quite literally, a "bomb" that could explode. (2Tr. 101) The MRI Technologists are the sole personnel at each facility within the petitioned-for unit that offers MRI who are responsible for monitoring and maintaining the temperature of the MRI magnet. (1Tr. 101) If the MRI Technologist is unable to control the temperature of the MRI magnet, they may have to evacuate the entire facility in order to ensure the safety of facility personnel, visitors and patients. (2Tr. 101) In such circumstances, the only way to prevent the MRI magnet from overheating and exploding may be to "quench" the MRI magnet, which would render the MRI machine inoperable for

approximately one week thereafter, and cost the facility approximately $50,000 - $55,000 in lost revenue, thus underscoring the importance of the MRI Technologists' proper monitoring of the MRI magnet's temperature as part of their regular job duties. (2Tr. 113-114) Accordingly, given the multitude of important security and safety functions performed by the MRI Technologists, Dr. Vartani testified that permitting the MRI Technologists employed by RadNet to strike with other technical employees "could be a fatal mistake". (2Tr. 127)

*B. Nuclear Medicine Technologists*

Nuclear Medicine is offered at two of the facilities included in the unit petitioned for by the Union – Orange Advanced Imaging and West Coast Radiology Santa Ana. (2Tr. 104) Nuclear Medicine differs from the other radiological procedures offered by the Employer because Nuclear Medicine involves the acquisition of images of the human body on the molecular level, rather than the anatomical level. (2Tr. 102) In order to obtain images of the human body on the molecular level, a patient is injected with an isotope or "tracer", and then cameras known as "gamma cameras" are utilized to take pictures of the patient's body's reaction to those isotopes on a cellular level. (2Tr. 102) The isotopes that are injected into the patient are unstable, and thus radioactive – meaning that they give off certain levels of radiation, depending on the amount of and type of isotope that

is injected into the patient. [10] (2Tr. 102) While some exposure to radiation is required for nuclear imaging, as a general matter, limited exposure to radioactive material is best for the human body, as exposure to radiation can lead to various serious health consequences, from low platelet counts, to internal bleeding, and even death. (2Tr. 118) Exposure to radiation is particularly dangerous for certain segments of the population, like pregnant women. [11] (2Tr. 106)

In order to avoid the unnecessary exposure of patients, employees, and visitors to radiation, the facilities with Nuclear Medicine Departments are designed so that the Nuclear Medicine Departments are entirely separated from the rest of the facility. (2Tr. 104, 112); E. Ex. 6. The walls that encompass the Nuclear Medicine Department are lined with lead, and the Nuclear Medicine Department is a completely locked area, to which only the Nuclear Medicine Technologists and Nuclear Medicine physicians possess the key codes to enter. (2Tr. 104, 106, 112, 137-138); E. Ex. 6. Nuclear Medicine Technologists are the sole facility personnel tasked with policing the Nuclear Medicine Department, both to ensure that outside

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[10] In particular, positron emission tomography, or "PET" scanning, requires particularly high doses of particularly radioactive material to be injected into the patient undergoing the scan. (2Tr. 106, 107)

[11] Nuclear Medicine Technologists themselves take various measures to avoid overexposure to radiation, including wearing "dosimetry badges" which track their exposure to radiation over time, and working behind numerous lead barriers to prevent direct exposure to radioactive sources. (2Tr. 118-119)

individuals do not access or attempt to access the Department, and also to ensure that Nuclear Medicine patients, who have been injected with isotopes and are thus themselves radioactive, do not exit the Nuclear Medicine Department and enter the other areas of the facility while they still pose a radiation threat to other human beings. (2Tr. 105-106, 107-108) These duties are of particular importance when it comes to PET scan patients, who remain so radioactive for such extended periods of time after they are scanned that they are placed in a lead-lined room after they are scanned, and are required to remain in that room until released by the Nuclear Medicine Technologist, who determines that the patient's level of radioactivity has diminished to a safe level before personally escorting them out of the facility through a separate exit that eliminates the risk of radiation exposure for the rest of the individuals present in the facility. (2Tr. 106, 107-108) In some facilities, the monitoring of the Nuclear Medicine Department and the specific patients within the Nuclear Medicine Department are accomplished in part by the use of security cameras, the feeds from which the Nuclear Medicine Technologist is responsible for reviewing. (2Tr. 134-135) Nuclear Medicine Technologists also round on foot within the Nuclear Medicine Department, to ensure that only authorized individuals are inside the Department, and that no patients leave the Department while still radioactive. (2Tr. 135) The safety protocols that Nuclear Medicine Technologists are required to follow to police the Nuclear Medicine Department are also set forth

in great detail in the Employer's Radiation Safety Manual, Nuclear Medicine Manual, and PET Scan Manual, all of which are made available to Nuclear Medicine Technologists electronically. E. Exs. 7-9; (2Tr. 114-116).

Nuclear Medicine Technologists also have responsibility for guarding and monitoring the radioactive materials that are contained within the Nuclear Medicine Department. (2Tr. 105, 106) Within the Nuclear Medicine Department is a separately-locked room known as the "hot lab". (2Tr. 109) This is the room in which the radioactive isotopes that will be injected into the patients are stored. (2Tr. 109) The hot lab additionally contains, and the Nuclear Medicine Technologists additionally control, "sealed sources" - radioactive materials with significantly longer half-lives than the isotopes, which are used to calibrate the gamma cameras. (2Tr. 109-110, 114, 117) If a radioactive source, such as one of the sealed sources stored in the hot lab, were stolen, Dr. Vartani testified that it would be "extremely dangerous", as the stolen radioactive material could be used to poison the general public with radiation – for example, by poisoning public drinking water. (2Tr. 117) The only personnel at a facility with authority to access the hot lab are the Nuclear Medicine Technologists, and the Nuclear Medicine Technologists are also the listed contact for any emergency involving the hot lab or the Nuclear Medicine Department. (2Tr. 109, 110, 112, 114) In order to receive certification and licensure from the state of California to run a Nuclear Medicine Department, it is the Nuclear

Medicine Technologists who must demonstrate that they have appropriately and safely secured the hot lab from any external access. (2Tr. 112-113) Securing the hot lab in this manner may include calling the police to remove any individual who attempts to access the hot lab despite the orders of the Nuclear Medicine Technologist to leave the area. (2Tr. 120) The safety protocols that Nuclear Medicine Technologists are required to follow to police and secure the hot lab are also set forth in great detail in the Employer's Radiation Safety Manual, Nuclear Medicine Manual, and PET Scan Manual, all of which are made available to Nuclear Medicine Technologists electronically. E. Exs. 7-9; (2Tr. 114-116).

Accordingly, given the multitude of important security and safety functions performed by the Nuclear Medicine Technologists within the Employer's facilities, Dr. Vartani testified that permitting the Nuclear Medicine Technologists employed by RadNet to strike with other technical employees would potentially be even more dangerous than permitting the MRI Technologists to participate in a strike, because of the possibility that radioactive materials could be stolen from the facility in the Nuclear Medicine Technologists' absence. (2Tr. 138) Dr. Vartani concluded that, "Regardless of what's going on outside the center," Nuclear Medicine Technologists have a duty and obligation to secure the Nuclear Medicine Department and the hot lab. (2Tr. 138-139)

### *C. Union Rebuttal*

During the hearing, the Union did not call any witnesses to rebut the testimony offered by Dr. Vartani concerning the obligations, responsibilities, or roles of either the MRI Technologist or the Nuclear Medicine Technologist. This was true despite the fact that, throughout the course of the hearing, the Union had called four MRI Technologists to testify about their work, and some of those MRI Technologists remained present in the hearing room while Dr. Vartani provided his testimony.

#### 4. Evidence Regarding the Appropriateness of Mail Ballot Elections

Though the Regional Director determined that the parties would not be permitted to litigate election details, including the appropriateness of the Union's request for a mail ballot election, the parties did discuss the election details before the close of the second day of the hearing on the Petition. (1Tr. 41, 2Tr. 150) The Employer stated at the hearing that, if the Regional Director determined that the Union had not met its burden with regard to the multi-facility unit it sought to represent, only manual ballot elections would be appropriate for single-facility elections, pursuant to extant Board law. (2Tr. 150) In the event a multi-facility was found to be appropriate by the Regional Director, the Employer argued that manual elections should be held at five of the facilities within the multi-facility unit, and the parties ultimately stipulated to manual elections held at six locations on specified dates and at specified times if the Regional Director determined that a mail ballot

election was inappropriate. (2Tr. 151, 158-160) Similarly, the parties stipulated to election details for manual elections held at each individual facility included in the Union's petitioned-for unit, in the event the Regional Director determined that a mail ballot election was inappropriate. (2Tr. 161)

On the appropriateness of mail ballot elections, Counsel for the Employer noted that mail ballot elections are to be utilized "only in unusual circumstances" where employees are scattered because of their work schedules, and that in the instant case, neither a large geographic distribution of employees existed, nor were there a large number of employees or facilities involved. (2Tr. 152) Counsel for the Employer also noted that none of the facilities in the petitioned-for unit operate 24 hours per day, seven days per week, so a mail ballot election was not necessary to accommodate those employees working a "graveyard" shift, and that very few of the facilities utilized per diem or "weekend-only" employees whose schedules would be better accommodated by a mail ballot election. (2Tr. 152) Counsel for the Employer stated that the election dates proposed by the Employer at the end of the hearing on the Petition were selected because they were days on which a high percentage of the petitioned-for bargaining unit would be at work. (2Tr. 152, 153-154) Finally, Counsel for the Employer indicated that there may be employees employed at some of the petitioned-for facilities who would be more comfortable with foreign language ballots, rather than mail ballots, on the basis that Vietnamese

constituted their first language. (2Tr. 162) In response to the Employer's arguments, Counsel for the Union claimed that a mail ballot election should be directed regardless of whether the Regional Director determined that single-facility units or one, multi-facility unit was appropriate, because "workers are spread out and they float." (2Tr. 156)

## SUMMARY OF ARGUMENT

As an initial matter, the Union's Petition should be dismissed, because the Board's revised election rules violate public policy and various federal statutes, including the APA and the Act. Alternatively, the Union's Petition should be dismissed because it seeks to include, in a unit with non-guard employees, MRI Technologists and Nuclear Medicine Technologists who constitute guards within the meaning of Section 9(b)(3) of the Act, in clear violation of the express language of Section 9(b)(3) of the Act. If the Union's Petition is not dismissed on these grounds, the Regional Director should find that the Union's showing of interest must be reconsidered, as the Union has not proven that it collected a sufficient showing of interest from employees of each facility contained within the Union's petitioned-for multi-facility unit. Additionally, the Regional Director should find that the Union failed to meet its burden to prove a sufficient community of interest between and amongst the employees of the Union's petitioned-for multi-facility unit. Finally, the

Union's request for a mail ballot election should be denied, as the Union has failed to establish any "unusual circumstances" or "employee scatter" necessary to rebut the presumed appropriateness of a traditional manual election.

## ARGUMENT

### 1. The Board's Revised Election Rules Violate Law and Public Policy

The Union's Petition, which was filed and processed pursuant to the Board's revised election rules, must be dismissed, as the Board's revised election rules violate the Employer's rights, public policy, the APA, and Sections 7, 8(c), and 9(b) of the Act. The Board's revised election rules were initially promulgated in 2014, with the stated purpose of decreasing the time before an election would be held after a petition was filed, and included, amongst other changes, deferral of employer challenges to voter eligibility issues until after an election is held, removal of the twenty-five day period between the direction of an election and the election itself, and markedly expanded disclosure of employee information to the union by employers. See 79 Fed. Reg. 74308-10 (December 15, 2014). The Board's promulgation, and now enforcement, of these revised election rules exceed the Board's statutory authority under the Act, thereby violating the Employer's rights, and additionally violate the Act, the APA, and public policy.

Section 9 of the Act requires the Board to resolve questions concerning representation, and sets forth the basic steps of that process, including the requirement that the Board investigate any petition filed, and provide "for an appropriate hearing upon due notice." 29 U.S.C. §159(c)(1). Section 9(b) of the Act further requires the Board, *in each case*, to determine the appropriate bargaining unit, "in order to ensure employees the fullest freedom in exercising the rights guaranteed by the Act." 29 U.S.C. §159(b) (emphasis added). The Board's revised election rules violate these requirements, because the revised rules circumvent the Board's obligation to hold, and an employer's right to be heard at, a hearing on questions concerning representation, such as the voter eligibility issues that the Board now largely defers. Indeed, the clear language of the legislative history underlying the passage of Act, as well as the Board's past precedent, both expressly support this reading of the Act. See, Barre-National, Inc., 316 NLRB 877 (1995). By refusing employers a full opportunity to be heard at a pre-election hearing, the Board's revised election rules violate Section 9(b) of the Act, and therefore constitute an impermissible interpretation of the Act by the Board.

The Board's revised election rules also violate Sections 7 and 8(c) of the Act by restricting employee and employer free speech during a union's organizing campaign. By substantially shortening the electioneering period between the filing of a petition by a union, and the date of an election, the Board's revised rules have

the cumulative effect of curtailing the employee and employer free speech envisioned by Sections 7 and 8(c) of the Act. These Sections of the Act are intended to protect the rights of employees and employers to engage in "uninhibited, robust, and wide open debate in labor disputes." Chamber of Commerce of U.S. v. Brown, 544 U.S. 60, 67-68 (2008). 29 U.S.C. §§157, 158(c). These goals are not only not achieved, but actively prevented, by the Board's drastic shortening of the campaign period, which fails to allocate any time for the kind of meaningful free speech during a union's organizing campaign envisioned by Sections 7 and 8(c) of the Act.

Furthermore, the requirements set forth by the Board's revised election rules, which require employers to share an expanded amount of private employee information, such as their hours of work, work locations, emails, and telephone numbers, with the union, both before and after the pre-election hearing, violate federal privacy law and public policy. Furthermore, the revised rules' broader disclosure requirements are arbitrary and capricious, and thus additionally violate the APA. In the years since the Board decided Excelsior Underwear, 156 NLRB 1236 (1966), which required employers to provide unions with significantly more limited information about employees within the union's petitioned-for unit than the Board's revised rules, public policy has supported increased protection of employee privacy, rather than decreased privacy. This shift in public policy is evidenced by more recent federal legislation, including the federal Privacy Act, the privacy

exemption contained in the Freedom of Information Act, the Telemarketing and Consumer Fraud Abuse Prevention Act, and the Controlling the Assault of Non-Solicited Pornography and Marketing Act. Therefore, the Board's revised election rules run counter to public policy, and also run afoul of the APA's requirement that changes to the Board's rules not be arbitrary or capricious. See 5 U.S.C. §706. The Board's revised election rules are arbitrary and capricious, inasmuch as they disregard employees' legitimate interests in privacy, expose employees to greater threat of union intimidation and harassment, and impose a substantial burden on employers expected to collect, maintain and disseminate the now-longer list of required information in a shorter period of time.

Finally, the Board's revised election rules additionally violate the APA because the Board's decision to suddenly and drastically change the manner in which representation cases are handled by the Board was, in and of itself, unlawfully arbitrary and capricious. In promulgating the revised election rules, the Board relied heavily on factors not considered relevant to representation cases by Congress when it wrote the Act, such as speed in scheduling elections, and the facilitation of organized labor. Similarly, the Board's revised election rules fail to account for delays that will be caused later in the representation case proceedings, caused by blocking charges and increased post-election challenges caused by the Board's revised rules. Because such procedural obstacles will still delay representation

proceedings, the Board's revised election rules are rendered ineffective and arbitrary, and thus for this additional reason, violative of the APA. Accordingly, for all of these reasons, the Board's revised election rules should be rescinded, and the Union's Petition, which was filed and processed pursuant to the Board's revised election rules, should be dismissed.

**2. The Union's Showing of Interest Was Never Proven Sufficient**

In order for an election to be held in a petitioned-for unit, the Board requires a petitioner to submit to the Board a "sufficient" or "substantial" showing of interest - evidence that at least 30% of the petitioned-for unit of employees have signed authorization cards or an authorization petition illustrating their interest in designating a particular union as their agent for purposes of collective bargaining with their particular employer. See NLRB Rules §102.61(a)(7); NLRB Casehandling Manual, §§11020, 11023.1; Pearl Packing Co., 116 NLRB 1489 (1950). Where a petitioner's showing of interest is inadequate or otherwise deficient, the Board must ultimately dismiss or deny the union's petition for election. See NLRB Representation Casehandling Manual, §§11011, 11029.3(a). Section 9(b) of the Act requires the Board, in making determinations about the appropriateness of a petitioned-for bargaining unit, "to assure to employees the fullest freedom in exercising the rights guaranteed by [the] Act". 29 U.S.C. §159(b). The importance of adherence to this statutory requirement was recently re-

emphasized by the Board in PCC Structurals, Inc., 365 NLRB No. 160 (2017), wherein the Board held that the Board must, in each individual case, undertake a *meaningful evaluation* of whether employees had been assured the fullest freedom to exercise their rights to organize, or not to organize, as set forth by the Act. PCC Structurals, Inc., 365 NLRB No. 160, 4 (2017) (emphasis added).

In the case at bar, the Employer's denied request that the Region review the showing of interest submitted by the Union in connection with its Petition served to deny employees included in the petitioned-for unit the fullest freedom to exercise their rights under the Act. As Counsel for the Employer articulated during the hearing on the Petition, employees' freedom to choose whether they wish to be represented for purposes of collective bargaining by the Union is *best* demonstrated by the Union establishing that it has secured a sufficient showing of interest for each of the facilities contained within the Union's proposed multi-facility unit. Notably, the Union did not deny responsibility for obtaining such a representative showing of interest on the record, but rather argued it could "perfect" its showing of interest later. If the Union is not obligated by the Region to obtain such a showing of interest, employees of a small facility within the petitioned-for unit might all oppose representation by the Union, but be swept into a multi-facility unit regardless, because of the Union's efforts to obtain a sufficient showing of interest from another, larger facility within the multi-facility unit. Indeed, employees of a smaller facility

within the petitioned-for unit may never even have *heard* of the Union, because the Union did not need any authorization cards from that facility whatsoever to achieve the 30% threshold showing of interest, and thus employees of such smaller facilities may be included in a multi-facility unit without those employees being provided with any opportunity whatsoever to exercise the rights afforded to them by the Act.

Accordingly, the Region's position that it was "administratively determined" that the Union's showing of interest was "sufficient" failed to consider the important nuance of the Employer's request – specifically, whether the Union's showing of interest was sufficient only to the petitioned-for multi-facility unit as a whole, or specifically, as required by Section 9(b) of the Act, to each facility of employees who comprised the petitioned-for multi-facility unit. The Employer's request would have ensured that employees of each of the facilities in the multi-facility unit were assured the fullest freedom to participate in the process as envisioned by the Act, beginning with the execution of authorization cards. Thus, the Employer respectfully urges the Region to reconsider its determination and to properly evaluate the Union's showing of interest, , in order to ensure that employees are ensured the fullest freedom to exercise their rights to be represented or remain unrepresented, as contemplated by Section 9(b) of the Act, and as recently re-emphasized by the Board in PCC Structurals.

### 3. The Union Failed to Prove Community of Interest

A multi-facility bargaining unit is not presumptively appropriate, and the burden to prove the appropriateness of a proposed multi-facility unit lies with the party proposing the multi-facility unit. Exemplar, Inc., 363 NLRB No. 157, 3 (2016). In determining whether a petitioned-for multi-facility unit of employees is appropriate, the Board evaluates the following community of interest factors amongst employees working at the different locations covered by the petition: similarity in employees' skills, duties, and working conditions; centralized control of management and supervision; functional integration of business operations, including employee interchange; geographic proximity; bargaining history; and extent of union organization and employee choice. Clarian Health Partners, Inc., 344 NLRB 332, 334 (2005); Basha's, Inc., 337 NLRB 710, 711 (2002); Alamo Rent-A-Car, 330 NLRB 897, 897 (2000); Sharp Healthcare, Inc., 21-RC-190094 (March 13, 2017.

In the instant case, as recognized by Region 21 at the hearing on the Petition, as the party proposing the multi-facility unit, the Union bears the burden of proof to illustrate that sufficient community of interest exists between the employees of the fifteen sites the Union seeks to represent, and the Union has fallen woefully short of meeting this burden of proof. In particular, the Union stated at the hearing on the Petition that it would establish community of interest between and amongst the

employees of the petitioned-for unit by demonstrating that those employees were supervised by a centralized regional manager, that employee schedules were completed and created on a unit-wide basis, that employees were integrated between and amongst the petitioned-for facilities, that employees were governed by centralized Human Resources operations, and that employees in the petitioned-for unit attended the same, region-wide holiday party. Assuming for the sake of argument that all of these factors asserted by the Union are even relevant to the Board's analysis of community of interest, and if relevant, they could collectively satisfy the Union's burden, the Union failed to prove any single factor when it presented its actual evidence of community of interest.

*A. Employee Management and Supervision*

First, the Union's evidence regarding supervision of employees in the petitioned-for unit proved, if anything, that employees are supervised primarily on a facility-by-facility basis, by the Site Managers who are tasked with operating each individual facility within the petitioned-for unit. A number of the employees who testified at the hearing on the Petition confirmed that it is the Site Managers, rather than any Regional Manager, who are responsible for the day-to-day operations of the petitioned-for facilities, including managing workflow and supervising employees at the facilities. Specifically, the employees' testimony illustrated that the individual Site Managers hire employees, complete and conduct employee

performance reviews, review employees' hours of work and complete and approve employees' payrolls, participate in employee scheduling and re-scheduling, instruct employees on when to take their breaks, make changes to employee schedules and daily job duties, resolve employees' work issues, and email employees about work-related matters. As a whole, the testimony therefore proved that employee supervision is primarily facility-specific, rather than regional, in nature.

Furthermore, the Union's evidence illustrated that, to the extent employees experienced any supervision on a more "regional" level, that supervision was specific to the modality worked by the employees, such as MRI or Ultrasound, and thus did not demonstrate community of interest with employees who worked in any other modality within the petitioned-for unit. In particular, some employees testified that "Leads" within their modality served as their supervisors, primarily because those Leads were believed to create the employees' work schedules. While this testimony was often undercut by testimony about the concurrent supervisory responsibilities of the employees' respective Site Managers, including testimony about the Site Managers' involvement in scheduling employees, the record was also unclear as to whether the modality Leads were responsible for overseeing supervision of only some of the petitioned-for employees, all of the petitioned-for employees, or a group larger than the petitioned-for unit. Accordingly, it is impossible to surmise, on account of this evidence, that the limited supervisory

authority of the Leads demonstrates a community of interest that is in any way specific to the fifteen facilities that the Union has petitioned to represent.

Finally, the Union's weak attempt to establish that Regional Manager Tim Chavez constituted a centralized supervisor of all the employees in the petitioned-for unit must fail. Not only did the Union fail to establish which employees, if any, Chavez had any responsibility to manage, but more importantly, the scant evidence of relatively rare interaction between the employees of the petitioned-for unit and Chavez presented by the Union proved that Chavez plays no role in the day-to-day supervision of employees within the proposed unit. Indeed, the Union's evidence proves only that all of the seven employees who testified during the hearing – all of whom have been employed by RadNet for more than two years – have had no more than one to two conversations with Chavez during their employment, and that many, if not most of those conversations, took place years ago. In fact, one employee, who has been employed for three years, has apparently never spoken with Chavez at all. Indeed, to the extent any employee testified that they had ever spoken with Chavez, the reasons for their conversations were limited to very specific circumstances, such as a request for a wage increase, or investigation of a patient complaint. Furthermore, even if employees are credited with regard to the conversations they testified to having with Chavez, the Union presented no evidence of his authority to effect changes to employees' terms or conditions of work, nor did the Union present

any evidence of actual changes to employees' terms and conditions of work that resulted from their conversations with Chavez, such as a wage increase or discipline related to a patient complaint. Thus, the Union's evidence with regard to Chavez served only to highlight his very limited supervisorial role, particularly as contrasted with the Site Managers who oversee the operations of the individual facilities. Thus, the Union's evidence thoroughly failed to prove centralized supervision of employees within the Union's petitioned-for unit.

As a related matter, the Union's assertion that centralized Human Resources functions somehow established community of interest between and amongst the petitioned-for unit of employees must also fail. First, centralized Human Resources operations are not a factor considered by the Board as part of their traditional community of interest analysis. Second, even if Human Resources functions are considered relevant to the question of centralized management of employees, the Union's evidence concerning Human Resources fails to establish community of interest within the specific, petitioned-for unit. The only evidence of centralized Human Resources operations presented by the Union at the hearing on the Petition were the introduction of a California-wide employee handbook, and the testimony of one employee witness regarding the timekeeping system utilized at the four facilities where he had worked. Both of these pieces of evidence fail to establish evidence of centralized management that would confirm a shared community of

interest between and amongst the particular facilities identified by the Union's Petition. First, the existence of an employee handbook that applies to all RadNet employees in California does not establish a community of interest particular or specific to the much smaller unit of employees sought to be represented by the Union. See PCC Structurals, Inc., 356 NLRB No. 160, 6 (2017) (Employees in a petitioned-for unit must share a community of interest that is "sufficiently distinct" from the interests of employees excluded from the petitioned for group to warrant a finding that the proposed group constitutes a separate appropriate unit.) Furthermore, the introduction of evidence concerning the timekeeping system utilized at four facilities within the petitioned-for unit similarly does not establish community of interest at all fifteen of the petitioned-for facilities. Thus, even to the extent centralized Human Resources functions would be considered relevant to the factor of centralized management, the Union failed to prove any community of interest emanating from the scant evidence concerning Human Resources that it introduced during the hearing.

*B. Employee Schedules*

Next, the Union's attempt to prove that integration or centralization of employee scheduling supports a finding that the petitioned-for unit of employees share a community of interest must similarly fail. First, the Union's attempts to prove that employees' schedules are created on a regional level were not supported

by the evidence adduced at the hearing on the Petition. While some of the employees who testified stated that they believed their schedule was completed on a regional level by a Lead Technologist in their modality, the same employees also admitted that they do not participate in the creation of the schedule, and some employees acknowledged that Site Managers or other "schedulers" besides the Lead Technologists participated in the creation of employee schedules, suggesting that the schedules may not be created entirely on a regional basis, after all. Furthermore, the Union only presented evidence regarding the schedules of MRI Technologists, Multi-Modality Technologists, and Ultrasound Technologists, rendering it entirely unclear how employees in the rest of the many job classifications that the Union seeks to represent are scheduled for work, and dispelling any notion that *all* the employees share a community of interest based upon the manner in which three particular job classifications are scheduled to work. Notably, even within the three classifications, the Ultrasound Technologists utilize an entirely separate schedule created by entirely separate individuals, and thus even with regard to the three job classifications concerning which evidence was presented, the Union has proven only that scheduling is not centralized, and that employees do not share any community of interest with regard to the scheduling process.

In fact, the most important evidence regarding scheduling elicited by the Union during the hearing on the Petition actually served to illustrate the manners in

which employees of the various facilities included in the Union's petitioned-for unit *do not* share a community of interest on the basis of scheduling. First, the employees testified that the schedules worked by employees of the individual facilities varied greatly from facility-to-facility, based upon the facilities' varying hours of operation. Some facilities within the petitioned-for unit schedule employees to work weekends, while other facilities did not. Some facilities within the petitioned-for unit schedule employees to work evenings, while other facilities do not. And during each facility's hours of operation, the facilities operated different modalities on different days and at different times than the other facilities within the petitioned-for unit. Finally, even within a modality, one facility may perform different procedures on that modality – either overall, or on a given day or at a given time. Perhaps for these reasons, employee testimony also illustrated that, when searching to cover one of their own shifts, employees will only ask other employees at the same facility if they are available to cover for them. Thus, in all these ways, the evidence solicited by the Union on the topic of scheduling undercut, rather than proved, the existence of a community of interest between employees of the facilities comprising the Union's petitioned-for unit.

*C. Employee Interchange*

Next, the Union attempted to prove that employee interchange between and amongst the facilities included in the Union's petitioned-for unit supported a finding

of community of interest within the unit, but a careful review of the evidence adduced by the Union at the hearing illustrates that the Union's proof falls substantially short of proving any community of interest between all of the fifteen facilities the Union seeks to represent. Specifically, the Union presented no more than marginal evidence of employee interchange between nine of the facilities within the Union's petitioned-for unit of fifteen facilities, but perhaps more importantly established *absolutely no employee interchange whatsoever* involving the other six facilities included in the Union's petitioned-for unit. Furthermore, the Union's evidence of employee interchange was limited to three job classifications within the unit it seeks to represent, and did not include any evidence of interchange amongst facilities for the other nine job classifications included in the petitioned-for unit. Of the evidence of employee interchange for the three job classifications the Union's evidence did cover, the Union proved only that *certain* MRI Technologists have some marginal amount of interchange between and amongst seven of the fifteen petitioned-for facilities; that *certain* Multi-Modality Technologists have some marginal amount of interchange between seven facilities within the petitioned-for unit; and that *one, individual* Ultrasound Technologist experienced some interchange between three facilities. The incredibly limited, and thus inconclusive, nature of the Union's evidence of employee interchange was further underscored by employees' testimony, during which they acknowledged that all employees within a

job classification may not possess the requisite skills and knowledge to work on the same modality at a different facility within the petitioned-for unit, due to the fact that different facilities run different tests and procedures on the various modalities, and not all employees within a job classification are trained to perform all tests and procedures within any given modality.

Furthermore, there is no evidence in the record to suggest that the scant evidence of interchange that was presented by the Union is even indicative of employee interchange within the petitioned-for unit as a whole. For example, analysis of the evidence makes clear that the inclusion of per diem or float employees in the analysis will increase the amount of employee interchange amongst some of the petitioned-for facilities, where it is nowhere near as clear from the record that part-time or full-time employees experience much interchange at all. In particular, analysis of the evidence presented by the Union concerning MRI Technologists illustrates that the full-time MRI Technologists who testified at the hearing have interchange between and amongst only three facilities in the petitioned-for unit, as opposed to the seven facilities between which interchange exists when the per diem or float employees' work assignments are included in the analysis. Overall, the data presented by the Union suggests that there is no consistent pattern of employee interchange that can be relied upon to establish a community of interest between the many job classifications and the many facilities that the Union seeks to represent.

Furthermore, the data presented by the Union suggests that per diem and float employees may experience more interchange, which potentially cleaves off for these employees a community of interest that is separate, and not shared with, the full-time and part-time employees with whom the Union seeks to combine them. Thus, in conclusion, the Union's evidence of alleged employee integration wholly fails to prove a shared community of interest between the various job classifications, facilities, and employees that the Union seeks to represent.

Similarly, the evidence concerning an employee holiday party solicited by the Union is likely irrelevant to the Board's analysis of the community of interest shared amongst the employees within the petitioned-for unit, but to the extent it is considered in connection with the question of employee interchange or interconnectivity of employees within the petitioned-for unit, it fails to prove anything meaningful. Namely, the evidence presented by the Union did not in any way establish with particularity which employees of RadNet attend the holiday party about which certain employees testified – the Union did not produce a record of the employees invited or record of the employees who attended, and thus it is impossible to discern from the record whether the holiday party in question involved employees from some of the petitioned-for facilities, from all of the petitioned-for facilities, or from more facilities than were included in the Union's petitioned-for unit. Thus, the evidence regarding the holiday party cannot be relied upon to establish a community

of interest between and amongst the petitioned-for facilities, specifically, and additionally fails to establish a community of interest amongst the specific group of employees the Union seeks to represent.

*D. The Omission of Evidence of the Remaining Factors*

Finally, despite demonstrated access to numerous employees, the Union failed to present any evidence whatsoever of the remaining factors considered by the Board as part of its analysis of community of interest. Specifically, despite calling multiple MRI Technologists and Multi-Modality Technologists, the Union asked no questions whatsoever to establish that employees working in the same modality at different sites possessed the same skills, possessed the same job duties, or experienced the same working conditions. If anything, the testimony elicited at the hearing on the Petition illustrated that, even within the same modality, the Technologists who work at different facilities often possess different skills, with regard to the types of exams they run on the modality at their particular facility. For similar reasons, the evidence tended to establish that Technologists who work at different facilities on the same modality have differing job duties and responsibilities. Finally, the evidence introduced by the Union in an attempt to illustrate that employee scheduling was in some manner centralized actually tended to prove that employees of the various facilities do not experience the same working conditions, as the operating schedules for the various facilities within the petitioned-

for unit were all different, both generally and specifically, as to certain modalities and specific procedures performed. In a related vein, the evidence from the hearing also tended to establish that employees' working conditions could vary from facility to facility, given that different Site Managers oversee the daily operations of the individual centers, as well as the work performed by the employees therein. Thus, while the Union made no effort to address these factors analyzed by the Board as part of the traditional community of interest analysis, the evidence introduced by the Union on other subjects tended to disprove any shared community of interest with regard to the factors of shared skills, job duties, and working conditions.

Additionally, the Union did not present any evidence with regard to the geographic proximity of the employees within the petitioned-for unit (other than to state, without evidentiary proof, that employees "were scattered" so as to support the Union's request for a mail ballot election), any evidence related to bargaining history, or any evidence that the Employer considered the employees within the petitioned-for unit "one region" (despite asserting that such proof would be elicited at the outset of the hearing on the Petition). Accordingly, none of these factors can be relied upon to support a finding of shared community of interest within the petitioned-for unit, and instead the absence of such evidence serves to further undercut the appropriateness of the Union's proposed multi-facility unit. For all these reasons, the Union's Petition should be dismissed, or – to the extent the

Regional Director issues a direction of election in a different unit – those units must be limited to the individual facilities contained within the multi-facility unit sought by the Union, as the only units for which sufficient community of interest has been established.

**4. The Petitioned-For Unit Inappropriately Includes Guards**

Section 9(b)(3) of the Act expressly precludes the Board from approving any bargaining unit that includes, together with other employees, "any individual employed as a guard to enforce against employees and other persons rules to protect the property of the employer, or protect the safety of persons on the employer's premises." 29 U.S.C. §159(b)(3); See Also, Petroleum Chemicals, Inc., 121 NLEB 630 (1958). Section 9(b)(3) prevents any labor organization that either represents employees other than guards, or is affiliated "directly or indirectly" with any other labor organization that represents employees other than guards, from itself representing a bargaining unit of guards. 29 U.S.C. §159(b)(3); See Also, Wackenhut Corp., 169 NLRB 398 (1968). The classification of employees by the Board as "guards" has not historically been limited to "security guards" in the traditional sense of position – rather, the Board has found firefighters, custodians, janitors, maintenance employees, correctional residence counselors, and security toll operators all constituted "guards" within the meaning of Section 9(b)(3) of the Act. Reynolds Metal Co., 198 NLRB 120 (1972); Jakel Motors, 288 NLRB 730 (1988);

West Virginia Pulp & Paper, 140 NLRB 1160 (1963); A.W. Schlesinger Geriatric Center, 267 NLRB 1363 (1983); Crossroads Community Correctional Center, 308 NLRB 558 (1992); Wackenhut Corp., 196 NLRB 278 (1972).

In analyzing whether employees function as guards for the purposes of Section 9(b)(3) of the Act, the Board has looked not only to the question of the divided loyalties of the employees during a strike, which prompted Congress to pass Section 9(b)(3) in the first place, but also to the specific and primary responsibilities of the employee in the employer's workplace. Lion Country Safari, 225 NLRB 969 (1976); Reynolds Metal Co., 198 NLRB 120 (1972). For example, the Board has held that, where the enforcement of company safety rules is a "continued" and "significant" portion of the requirements of an employee's job, the employee may classify as a guard for purposes of Section 9(b)(3) of the Act. Reynolds Metal Co., 198 NLRB 120 (1972); Wackenhut Corp., 196 NLRB 278 (1972). Similarly, employees' responsibility to make rounds, enforce safety rules, and prevent unauthorized individuals from entering certain areas of the employer's property have been found to establish guard status by the Board. Jakel Motors, 288 NLRB 730 (1988); West Virginia Pulp & Paper, 140 NLRB 1160 (1963). The fact that employees may have other, "non-guard" job duties does not necessarily disqualify employees as guards for the purposes of the Board's analysis, particularly where those employees are responsible for the "safety of the building and its contents".

Watchmanitors, Inc., 128 NLRB 903 (1960); See Also, A.W. Schlesinger Geriatric Center, 267 NLRB 1363 (1983). Finally, the Board has found it "immaterial" to the analysis whether the employees at issue are themselves authorized to use force or the "power of police" to compel compliance with the rules set forth for the protection of the employer's property and premises, so long as the employees at issue possessed and exercised the power to observe and report infractions of the employer's safety rules to the appropriate authorities. Wackenhut Corp., 196 NLRB 278 (1972).

*A. MRI Technologists*

Given the analytical framework established by the Board's precedent, the Employer has proven that RadNet's MRI Technologists (including Lead MRI Technologists and Multi-Modality Technologists who perform MRIs) are guards within the meaning of Section 9(b)(3) of the Act, so as to preclude them from being represented by the Union. At no point in time has the Union disputed that it permits to membership non-guard employees. [12] The MRI Technologists' responsibilities to police Zone Four and Zone Three of the MRI suite are continuing and ever-present: the MRI Technologists must not only prevent the introduction of metal into those environments, but must also screen every individual who enters those areas to ensure

[12] To this end, the Employer respectfully requests that the Region take administrative notice of the fact that the Union has been certified to represent units of non-guard employees by, amongst others, Regions 20 and 32 of the Board. See Novato Healthcare Center, LLC, 20-RC-160065 (2015); The Permanente Medical Group, Inc., 32-RC-101129 (2013).

that they do not internally possess any metal that would interact with the magnetic fields and cause the individual body harm. The MRI Technologists' responsibilities in this regard are also ever-present due to the fact that the MRI magnet is always turned on, meaning that MRI Technologists must be aware of the presence of the magnetic fields, and the correlated dangers they present, at all times. Indeed, a MRI Technologist's failure to properly secure Zone Four and Zone Three could easily result in an individual's severe injury or even death, as testified to by Dr. Vartani. Similarly, the MRI Technologists' duties to police and control the Employer's property – namely the MRI magnet itself, are equally significant and continuous, inasmuch as constant monitoring is required to ensure that the MRI magnet does not explode or does not need to be quenched, which would come at a significant cost to the Employer's business.

The potential consequences of the MRI Technologist's failure to carry out the safety and security functions of their position could result in such catastrophic injury that it is impossible to overstate the significance of the MRI Technologist's essential role in ensuring the safe operation of the MRI machine. Furthermore, the evidence illustrates that, in enforcing the Employer's safety rules, the MRI Technologists carry out some of the very traditional "guard duties", including the prevention of unauthorized individuals from accessing certain areas of the Employer's premises, some of which may be locked, and to which only MRI Technologists have the

keycode, and the evacuation of the Employer's facilities, under circumstances where the MRI magnet cannot be cooled and may explode. As recognized by the Board in prior cases, the fact that MRI Technologists are authorized to call the police to remove a trespassing individual from an unsafe area, rather than physically removing the individual themselves, is immaterial to the Board's analysis of guard status. Additionally, Dr. Vartani testified that allowing for the "divided loyalties" of MRI Technologists in the event of a strike, by permitting them to participate in a non-guard unit, "could be a fatal mistake." Finally, it is notable that, despite having access to at least four MRI Technologists who testified on behalf of the Union during the hearing, the Union chose not to call any MRI Technologist to rebut the Employer's substantial evidence of the guard duties encompassed by the role of the MRI Technologist. Thus, for all these reasons, the Employer has affirmatively established that the Employer's MRI Technologists function as guards within the meaning of Section 9(b)(3) of the Act, and therefore that the Union's Petition must be dismissed.

Furthermore, as addressed in many prior Board cases, the fact that MRI Technologists also conduct MRI scans of patients while at work does not preclude a finding that the safety and security functions of their job render them guards within the meaning of Section 9(b)(3) of the Act. Similarly, the Union's claim that MRI Technologists employed by other employers have historically been included in other

certified bargaining units with non-guard employees does not preclude the finding in the case at bar that the MRI Technologists employed by RadNet function as guards within the meaning of Section 9(b)(3) of the Act. First, the issue of the employees' guard status was likely not raised in the other cases referenced by the Union; and second, the fact that certain employee classifications may function as guards in one work setting does not mean that those employees will function as guards in all work settings. This fact has long been recognized by the Board, who will in some cases find a classification of employees, like firefighters, constitute guards, and in other cases will find the same classification of employees do not constitute guards. See, *e.g.,* Burns Security Services, 300 NLRB 298 (1990); Reynolds Metal Co., 198 NLRB 120 (1972). Finally, the Union's attempts to disprove the guard status of the MRI Technologists, by pointing out that they do not, for example, carry weapons, sit in a security booth, or wear security badges, misses the broader and more theoretical criteria espoused by the Board's analysis of guard status, and focuses too narrowly on the traditional concept of the "security guard", which has never been the focus of the analysis adopted by the Board. Thus, in conclusion, the Union's arguments, as presented during the hearing, do nothing to contradict the evidence of guard status established by the Employer, and thus, the Union's Petition should be dismissed.

*B. Nuclear Medicine Technologists*

Similarly, the Employer has proven that RadNet's Nuclear Medicine Technologists (including Nuclear Medicine / PET Technologists) are also guards within the meaning of Section 9(b)(3) of the Act, and therefore cannot be combined in a unit with non-guard employees. The Nuclear Medicine Technologists' responsibilities to police and surveil the locked-down Nuclear Medicine Department, and in particular, the hot lab, are continuing and ever-present. Not only must Nuclear Medicine Technologists prevent the entry of unauthorized personnel into these locked areas, but the Nuclear Medicine Technologists must also guard and restrain the Nuclear Medicine patients, who are themselves radioactive, so that those individuals do not leave the Nuclear Medicine Department and cause harm to the facility's other employees, patients, and visitors. Additionally, the Nuclear Medicine Technologists are individually and specifically tasked with securing and guarding the hot lab, which contains radioactive sources which are not only valuable to the Employer, but also incredibly dangerous to the public health if stolen or removed. Thus, the Nuclear Medicine Technologists' responsibilities to constantly guard both people on the Employer's premises, and the Employer's valuable and dangerous property, render the Nuclear Medicine Technologists' guard duties both significant and continuous, particularly in light of the extreme health consequences that can result from exposure to radioactive materials.

Furthermore, the evidence concerning Nuclear Medicine Technologists also illustrates that, in enforcing the Employer's safety rules, the Nuclear Medicine Technologists carry out some of the very traditional "guard duties", including the prevention of unauthorized individuals from accessing certain areas of the Employer's premises, all of which are locked, and to which only Nuclear Medicine Technologists possess the keycodes, as well as the monitoring of individuals in the Employer's facility using security cameras and the conducting of security rounds within the Nuclear Medicine Department. Similar to MRI Technologists, and as recognized by the Board in prior cases, the fact that Nuclear Medicine Technologists are authorized to call the police to remove a trespassing individual from an unsafe area, rather than physically removing the individual themselves, is immaterial to the Board's analysis of guard status. Finally, Dr. Vartani also testified that allowing for the "divided loyalties" of Nuclear Medicine Technologists in the event of a strike, by permitting them to participate in a non-guard unit, "could be even more dangerous" than permitting the MRI Technologists to do so, due to the fact that radioactive materials could be stolen from the facility in the Nuclear Medicine Technologists' absence. Finally, as with the MRI Technologists, it is notable that the Union chose not to call any Nuclear Medicine Technologist to rebut the Employer's substantial evidence of the guard duties encompassed by the Nuclear Medicine Technologists. Thus, for all these reasons, the Employer has affirmatively

established that the Nuclear Medicine Technologists function as guards within the meaning of Section 9(b)(3) of the Act, and therefore that the Union's Petition must be dismissed.

Furthermore, as argued in connection with the MRI Technologists, the fact that Nuclear Medicine Technologists also conduct scans of patients while at work does not preclude a finding that the safety and security functions of their job render them guards within the meaning of Section 9(b)(3) of the Act. Similarly, the Union's claim that Nuclear Medicine Technologists employed by other employers have historically been included in other certified bargaining units with non-guards does not preclude the finding in the case at bar that the Employer's Nuclear Medicine Technologists, in particular, function as guards within the meaning of Section 9(b)(3) of the Act. Finally, the Union's attempts to disprove the guard status of the Nuclear Medicine Technologists, by pointing out that they do not, for example, carry weapons, sit in a security booth, or wear security badges, again misses the broader criteria espoused by the Board's analysis of guard status, and focuses too narrowly on the traditional concept of the "security guard", which has never been the focus of the guard analysis adopted by the Board. Thus, in conclusion, the Union's arguments, as presented during the hearing, do nothing to contradict the evidence of the guard status of Nuclear Medicine Technologists presented by the Employer, and thus, the Union's Petition must be dismissed.

### 5. The Union Failed to Establish Circumstances Justifying Mail Ballot Elections

The Board's longstanding policy requires that "representation elections should, as a general rule, be conducted manually", and that exceptions should be made only where a manual election is "impractical or not easily done." Representation Casehandling Manual, §11301.2. A party requesting a mail ballot election must demonstrate that "unusual circumstances" support their request. See NLRB Outline of Law and Procedure in Representation Cases, §22-110. One of the factors the Board considers when determining whether a mail ballot election is appropriate in the circumstances of the case is whether conducting an election by mail will enhance the opportunity for all employees in the petitioned-for unit to vote. Representation Casehandling Manual, §11301.2. This has been found to be the case where employees are "scattered" over a wide geographic area, or "scattered in the sense that their work schedules vary significantly, so that they are not present at a common location at common times". Representation Casehandling Manual, §11301.2. This analysis of "employee scatter" has been specifically adopted by Region 21 in recent Decisions authored by the Regional Director. See Renaissance Hotel Long Beach, 21-RC-210953 (December 14, 2017); Southern California Edison Co., 21-RC-209949 (April 24, 2018). Other factors that the Regional Director may consider in determining whether a mail ballot election should be permitted include the desires of the parties, and whether a mail ballot election will

be effective where employees speak languages other than English, and therefore may not be able to read or understand the mail ballot. Representation Casehandling Manual, §11301.2.

Based upon these factors, the Region should find that the Union has not proven the unusual circumstances required to justify a mail ballot election in the Union's petitioned-for multi-facility unit [13], or to rebut the Board's clearly-expressed preference for manual elections. First, the few facts that happened to relate to the question of the appropriateness of a mail ballot election established at the hearing on the Petition illustrate that identifying election dates and sites, and conducting manual elections within the petitioned-for unit would not be impractical, and could, in fact, be easily accomplished. Indeed, the parties have already agreed, by way of stipulation, on locations, dates and times for manual elections, either within the multi-facility unit or at each individual facility, that both parties presumably feel would effectively promote employee free choice and exercise of the right to vote in the elections. Furthermore, there is no evidence in the record that a mail ballot

[13] As articulated by Counsel for the Employer at the hearing on the Petition, if the Regional Director finds that single facility units are the appropriate units for elections, and thus directs elections at each the single facilities currently combined in the Union's multi-facility unit, it is the Employer's position that the Union's request for a mail ballot elections would be rendered entirely inappropriate, as all employees voting in the election would work at the same facility, and polling times could easily capture all of the shifts worked by the employees at the individual facility.

election will enhance the ability of employees to vote – as Counsel for the Employer explained at the hearing, the facilities do not operate on "24-7" schedules, and none of the employees work "graveyard" shifts. Rather, reasonable polling times can be arranged that would encompass all the shifts worked by employees, so that all employees would be able to vote before, during or after work. Finally, beyond bare assertion, the Union presented no evidence of geographic scatter or "shift scatter" that would suggest that mail ballot elections would be of benefit to the employees in the petitioned-for unit. [14] Finally, the Employer has amply objected to the conduct of mail ballot elections in circumstances where the preferred, traditional manual election could easily be conducted, and the Employer has also presented evidence that certain employees of Vietnamese background may struggle to comprehend the mail ballots – both of which constitute additional factors that the Regional Director is authorized to consider. For all these reasons, any elections conducted as a result of the Regional Director's Decision and Direction of Election – whether it be for some version of the Union's petitioned-for multi-facility unit, or for single facility units – should be conducted manually, as is strongly preferred by the Board, itself.

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[14] In fact, the Union's contention that employees "float" between facilities only further supports the appropriateness of manual elections held at the six facilities stipulated to by the Employer and the Union, as the allegation that employees float between facilities would serve to further increase employees' comfort with voting at a secondary facility, and because a greater number of the employees in the unit would presumably be familiar with the six facilities selected by the parties for manual elections.

## CONCLUSION

For all the reasons asserted herein, the Employer respectfully requests that the Union's Petition be dismissed, because the Board's revised election rules violate public policy and various federal statutes, including the Act and the APA. Alternatively, the Employer respectfully requests that the Union's Petition be dismissed because it seeks to include, in a unit with non-guard employees, MRI Technologists and Nuclear Medicine Technologists who constitute guards within the meaning of Section 9(b)(3) of the Act. If the Union's Petition is not dismissed, the Employer respectfully requests that the Regional Director find that the Union's showing of interest must be reconsidered, that the Union failed to meet its burden to prove a sufficient community of interest to support the Union's petitioned-for multi-facility unit, and that the Union further failed to establish that any elections conducted in the instant case should be conducted by mail ballot election, rather than by traditional manual election.

RESPECTFULLY SUBMITTED,

___/S/_____

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UNITED STATES OF AMERICA
BEFORE THE NATIONAL LABOR RELATIONS BOARD
REGION 21

| | | |
|---|---|---|
| RADNET MANAGEMENT, INC. | : | 21-RC-226166 |
| Employer | : | |
| *and* | : | |
| NATIONAL UNION OF HEALTHCARE WORKERS | : | |
| Petitioner | : | |

**CERTIFICATE OF SERVICE**

The Undersigned, Bryan T. Carmody, Esq., being an Attorney duly admitted to the practice of law, certifies, pursuant to 28 U.S.C. § 1746, that the Employer's Post-Hearing Brief was e-filed this date with the following through the website of the National Labor Relations Board (www.nlrb.gov):

William B. Cowen
Regional Director
National Labor Relations Board, Region 21
888 South Figueroa Street, 9th Floor
Los Angeles, CA 90017

The Undersigned does hereby further certify that a copy of the Employer's Post-Hearing Brief was served this date upon the following by email:

Florice Hoffman, Attorney
Counsel, National Union of Healthcare Workers
8502 East Chapman Avenue, Suite 353

Orange, CA 92869-2461

fhoffman@socal.rr.com

Dated: Glastonbury, CT
September 10, 2018

RESPECTFULLY SUBMITTED,

___/S/_____

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**UNITED STATES OF AMERICA**
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**
**REGION 21**

**RADNET MANAGEMENT, INC.**
**Employer**

**and** **Case 21-RC-226166**

**NATIONAL UNION OF HEALTHCARE WORKERS**
**Petitioner**

## DECISION AND DIRECTION OF ELECTION

On August 23, 2018, a petition was filed by the National Union of Healthcare Workers (Petitioner) seeking to represent certain employees of RadNet Management, Inc. (Employer) in a multi-facility unit that included all full-time, part-time, and per-diem registered nurses and technical employees employed by the Employer at multiple facilities located in Orange County, California.

At the hearing, the parties stipulated to the specific locations and job classifications at each of the 15 locations in the Petitioner's petitioned-for multi-facility unit:

Breastlink Women's Imaging – Santa Ana, 1100-A, N. Tustin Avenue, Santa Ana, CA 92705

a. Mammography Technologist
b. Multi-Modality Technologist
c. Lead Mammography Technologist

West Coast Radiology –X-Ray, 14150 Culver Drive, Suite 101, Irvine, CA 92604

a. Radiology Technologist
b. Ultrasound Technologist ARDMS

Breastlink Women's Imaging – Orange, 230 S. Main Street, Suite 100, Orange, CA 92868

a. Lead Mammography Technologist
b. Mammography Technologist
c. Ultrasound Technologist
d. Ultrasound Technologist ARDMS

Breastlink Women's Imaging – Irvine, 16300 Sand Canyon Avenue, Suite 203, Irvine, CA 92618

a. Mammography Technologist
b. Radiology Technologist
c. Ultrasound Tech ARDMS Eligible
d. Ultrasound Technologist
e. Ultrasound Technologist ARDMS

La Mirada Imaging, 15651 Imperial Highway, Suite 103, La Mirada, CA 90638

a. Multi-Modality Technologist
b. Ultrasound Technologist ARDMS

Orange Advanced Imaging, 230 S. Main Street, Suite 101, Orange, CA 92868

a. MRI Technologist
b. Multi-Modality Technologist
c. Nuclear Medicine/PET Technologist
d. Radiology Technologist
e. Lead MRI Technologist
f. CT Technologist
g. Lead CT Technologist

Breastlink Women's Imaging – Garden Grove, 9191 Westminster Avenue, Suite 210, Garden Grove, CA 92844

a. Mammography Technologist
b. Ultrasound Technologist ARDMS

Orange Imaging, 230 S. Main Street, Suite 205, Orange, CA 92868

a. Multi-Modality Technologist
b. Radiology Technologist
c. Ultrasound Technologist
d. Ultrasound Technologist ARDMS

Garden Grove Advanced Imaging, 9191 Westminster Avenue, Suite 105, Garden Grove, CA 92844

a. CT Technologist
b. Lead MRI Technologist
c. MRI Technologist
d. Radiology Technologist
e. Ultrasound Technologist ARDMS

West Coast Radiology – Mission Viejo, 27882 Forbes Road, Suite 120, Laguna Niguel, CA 92677

a. CT Technologist
b. MRI Technologist
c. Radiology Technologist
d. Ultrasound Technologist ARDMS

Anaheim Advanced Imaging, 947 S. Anaheim Boulevard, Suite 130, Anaheim, CA 92805

a. CT Technologist
b. Lead MRI Technologist
c. MRI Technologist
d. Radiology Technologist
e. Ultrasound Technologist

f. Ultrasound Technologist ARDMS

West Coast Radiology - Irvine, 16300 Sand Canyon Avenue, Suite 102, Irvine, CA 92618

a. Lead CT Technologist
b. Lead MRI Technologist
c. MRI Technologist
d. Radiology Technologist
e. Ultrasound Technologist ARDMS

West Coast Radiology – South Coast, 2620 S. Bristol Street, Santa Ana, CA 92705

a. MRI Technologist
b. Ultrasound Technologist ARDMS

Anaheim X-Ray West Imaging Center - 710 N. Euclid St., No. 102 Anaheim, CA 92801-4115

a. Ultrasound Technologist ARDMS

West Coast Radiology – Santa Ana, 1100-A, N. Tustin Avenue, Santa Ana, CA 92705

a. Registered Nurse
b. MRI Technologist
c. License Vocational Nurse
d. Radiology Technologist
e. Ultrasound Technologist ARDMS
f. Chief Technologist
g. Lead Radiology Technologist
h. Nuclear Medicine Technologist
i. Ultrasound Technologist
j. CT Technologist

The Employer contends that a multi-facility unit is inappropriate, and that the above-described facilities should be single-facility units for the purposes of collective bargaining.[1] The Petitioner asserts that the petitioned-for multi-facility unit is an appropriate one.

The Employer further contends that, regardless of the scope of the bargaining unit, employees in the job classifications of Lead MRI Technologist, MRI Technologist, Nuclear Medicine Technologist, Nuclear Medicine/PET Technologist, and two Multi-Modality Technologists named in the record are guards within the meaning of Section 9(b)(3) of the Act and therefore the Petition must be dismissed because the Union seeks to include them. The Petitioner asserts that they are not guards. Finally, the Employer contends that the Board's

[1] The Employer, in its initial Statement of Position, asserted that the Anaheim X-Ray West Imaging Center facility should not be included in any appropriate unit because it had only one employee who could not, as a matter of law, constitute an appropriate bargaining unit. The Employer subsequently withdrew this position at the hearing, and the parties stipulated that this facility would be an appropriate single-facility unit for the purposes of collective bargaining. The parties did not stipulate that the remaining facilities in the petitioned-for unit were appropriate sing-facility units, inasmuch as the Petitioner petitioned for a multi-facility unit.

revised election rules violate law and public policy and, to the extent that the foregoing petition was filed under these revised rules, it should be dismissed.

A hearing was conducted on August 31 and September 4, 2018, before a Hearing Officer of the National Labor Relations Board. As explained below, based on the evidence and the entire record in this matter, including the post-hearing briefs of the parties and relevant Board law, I find that the Petitioner has not met its burden of showing that the employees in the petitioned-for multi-facility bargaining unit share a sufficient community of interest. Therefore, I conclude that single-facility units are appropriate units for collective bargaining.

I further find that the Lead MRI Technologist, MRI Technologist, Nuclear Medicine Technologist, Nuclear Medicine/PET Technologist, and two Multi-Modality Technologists named in the record are not guards within the meaning of the Act, and that therefore they should not be excluded from the appropriate units. I also find that the Employer's issues with regard to the facial validity of the amendments in the Board's representation case procedures have been addressed and resolved by the Board and the Courts and are therefore not appropriately raised in this proceeding.

## I. THE FACTS

### A. The Employer's Operations

The parties stipulated at the hearing that the Employer is a California corporation with its principal offices located in Los Angeles, California, and facilities throughout Southern California, where it is engaged in the operation of administering diagnostic imaging services. As discussed below, some facilities offer limited services, like mammographies, while others offer several services. Not all diagnostic services are available at each facility. Also, different facilities may maintain different hours and days of service.

#### 1. Supervision and Management

The Employer's diagnostic radiology units throughout California, with the exception of the mammography units, are under the auspices of a Medical and Health Physicist. This individual, Dr. Hiendrick Vartani, testified that he was responsible for the medical physics aspects of PET, CT, Nuclear Medicine, X-Ray, Ultrasound, and MRI units, as well as what he characterized as health physics aspects including policies and procedures, development, and protocol development to comply with California codes and regulations as well as accreditation and safety aspects of diagnostic radiology.[2] Dr. Vartani drafted the MRI Department Manual utilized by all MRI Technologists, and also completes an annual safety assessment of MRI equipment. However, there is no evidence in the record that Dr. Vartani generally develops or enforces labor or personnel decisions applicable to all employees in the requested unit.

Four employees called by the Petitioner testified that they believed that Tim Chavez is the Regional Operations Director of Orange County operations for the Employer, and he is

[2] Dr. Vartani testified that with regard to the mammography or Breastlink facilities, the Employer utilized a contracted medical physicist who does an annual system performance evaluation of the mammography equipment and then reports the results to Dr. Vartani.

located in Santa Ana, California. A Technologist testified that on one occasion, he was referred to Chavez by his site manager to ask for a desired raise in wages, and another testified that he had asked Chavez for extended hours: the former was denied and the record does not reveal what happened with regard to the latter. Two other Technologists testified that Chavez spoke to them regarding complaint from a patients. The Petitioner did not offer any testimony or other evidence regarding Chavez's other duties and responsibilities.

The employees called by the Petitioner each testified that they believed that each facility has a site manager who is responsible for the day-to-day operations of that manager's facility or facilities, including the direction of the employees' work duties. These employees further testified that some site managers are responsible for more than one facility, but that no site manager is responsible for all facilities included in the petitioned-for unit.[3] These employees opined that most of their duties are defined by patient scheduling, although on occasion their site manager may become involved if, for example, a patient cancelled a scheduled test. They further stated that the site managers have the authority to tell employees when to take breaks. Although these employees agreed that the site managers in turn report to the Regional Operations Director of Orange County, there was no further evidence or documents produced to support this testimony. Moreover, the Petitioner did not present any evidence regarding the other duties and responsibilities of the site managers.

2. **Employee Duties**

The parties' stipulation regarding the facilities and classifications of employees at each of those facilities shows that not every classification is present at each facility, and that the makeup of employees differs from facility to facility based upon the kinds of services offered. Thus, each facility appears to have its own unique mix of employees, each of whom is engaged in delivering a particular service.

MRI services are offered at only seven of the facilities at issue in this matter, including La Mirada Imaging; Orange Advanced Imaging; Garden Grove Advanced Imaging; West Coast Radiology Santa Ana; West Coast Radiology Irvine; and West Coast Radiology South Coast, and only two offer PET scans. These are the only facilities in the petitioned-for unit that employ MRI Technologists and Nuclear Medicine/PET Technologists.

In this regard, Employer's witness Dr. Vartani stated that MRI Technologists and medical PET Technologists are both nuclear Technologists who use different modalities to perform their work, but were otherwise performing the same functions. Dr. Vartani described the use of an MRI (Magnetic Resonance Imaging) unit as a diagnostic modality used primarily to aid in the diagnosis of soft-tissue pathologies.

The PET scan (Positron Emission Tomography Scanner) has a different dynamic and physics from nuclear medicine because of the use of radioactive isotopes injected into the patient

[3] Specifically, Sal Herrera oversees four facilities; Ann-Marie Fortezzo oversees three facilities; Lisa Gordon oversees three facilities; Heather Hannah oversees two facilities; Troy Gordon oversees two facilities; and Richard Kirchhoff oversees one. This evidence is derived from the testimony of one employee witness called by the Petitioner. The Employer did not object to or rebut this evidence.

to identify cancer cells. PET scans are offered at only two of the facilities at issue: Orange Advance Imaging Center; and West Coast Radiology Santa Ana.

Although not so specifically stated in the record, it appears that mammograms are offered at only the four facilities described above as "Breastlink" facilities. There is no specific description in the record of the duties of the Mammography Technologists who perform these tests, or those of the Ultrasound Technologists employed at these sites.

a. MRI Technologists

Dr. Vartani described in detail the duties of the MRI Technologists and the Lead MRI Technologists, who must be familiar with human pathologies, physiology, and anatomy, as well as having an understanding of physics in order to operate the MRI unit. The MRI Technologists administer a series of questions to the patient to ascertain that the appropriate test is being performed, and they also screen the patient for safety issues. The MRI Technologist also starts an intravenous line if contrast is called for and injects the contrast material, and then positions the patient on the MRI unit. Thereafter, the MRI Technologist monitors the test from the console station and ensures a usable image, and then transfers the images and the gathered data and transmits them digitally to the radiologists who analyze the data.

According to Dr. Vartani, the duties of the MRI Technologists and the Lead MRI Technologists are largely identical, with the exception of certain administrative duties of the latter. Apparently, there is no special licensing requirement for MRI Technologists in the State of California. For accreditation purposes, however, MRI Technologists must be certified by an unspecified state board. As discussed in further detail below, all MRI Technologists have access to an MRI Department Manual, with which they and the Employer are required to comply by the American College of Radiology, and which describes in detail the common duties and procedures for all MRI Technologists, including cleaning of the area and maintenance of the machines.

b. Nuclear Medicine/PET Technologists

Dr. Vartani testified that the Nuclear Medicine Technologist or PET Technologists, like all Technologists, are responsible for screening patients and maintaining the equipment. Particular care must be taken with the radioactive isotopes, which are delivered twice a day to a facility, depending on patient schedules, in lead containers and then secured in a "hot" lab which can only be accessed by the Technologist and which can be shut down in case of any emergency.

The PET Technologists are also responsible for monitoring the location of patients after they have been injected with radioactive isotopes, as the patients themselves become radioactive and should not be exposed to others who may be harmed. Specifically with regard to PET scan patients, because of the short half-life of the isotopes used, those patients must be isolated in a lead-lined room by the PET Technologists and very closely monitored to limit exposure to others. The PET Technologists also monitor and clean the restrooms used by these patients, since their urine is radioactive.

All Nuclear Technologists must wear dosimetry badges to monitor their monthly accumulated exposure to radioactive material. Further protective equipment, such as syringe shields and lead glass, are required by the State of California.

Unlike the MRI Technologists, the Nuclear Medicine and PET Technologists are licensed by the State of California Department of Health Services, Radiologic Health Branch, after passing an exam in nuclear medicine given by some unspecified American board. Also, because there is radiation involved, these Technologists must be overseen by an authorized physician.

c. X-Ray and CT Technologists

X-Ray and CT Technologists are overseen by an operator supervisor, either on or off site. Oversight by a physician is not required, since there is no radiation involved. The specific duties of these employees are not set out further in the record.

**3. Equipment and Certification**

The equipment used by the various petitioned-for Technologists is essentially the same at all the above facilities. Almost all mammography procedures utilize the same machine: if a biopsy is indicated, ultrasound is performed to provide a stereotactic view. As noted above, the MRI machines at the seven facilities where MRI services are offered are largely the same as well, except for magnetic power. There is insufficient evidence in the record to ascertain whether the employees in the petitioned-for unit have similar educations or certifications.

**4. Terms and Conditions of Employment**

Several employees in the Orange County Region testified that they were invited to a holiday event scheduled for December 15, 2017, and a few stated that they attended what they believed to be an annual event.

As noted above, all MRI Technologists are covered by the terms of the MRI Department Manual, and it appears that all Technologists who use radiation are covered by the terms of the Radiation Safety Manual. There is also a Nuclear Medicine Department Manual and a PET/CT Department Manual developed by the Employer that cover the Technologists performing those respective modalities. These manuals, developed by the Employer, are available online to all employees on the Applications Document Library though the Employer's intranet. The manuals provide that the Technologists in those respective modalities must become familiar with and follow the guidelines and protocols contained therein. These manuals do not prescribe general terms and conditions of employment. Moreover, given the fact that each facility in the petitioned-for unit has its own unique mix of job classifications, the manuals would apply to only certain and not all of (or in some instances, none of) the employees at a give facility.

The Petitioner's employee witnesses proffered an Employee Handbook, which states that it is applicable to all of the Employer's employees in California. The handbook, which several employees testified was available online, provides for disciplinary rules, work rules, benefits, holidays, leave, and other terms and conditions of employment. Aside from the statement in the handbook itself, however, there was no testimony or other evidence offered as to the extent to

which this Handbook has been implemented with respect to the employees in the petitioned-for unit, and the Petitioner does not suggest that any provision of this Handbook is uniquely applicable to those employees.[4] Also, the Petition did not offer any testimony or evidence regarding employee wages or pay scale.

5. **Interchange of Employees**

No evidence – testimonial or documentary – was offered to show significant interchange among the employees in the petitioned-for unit, and only limited interchange among some employees was shown.[5] Specifically, a few employee witnesses called by the Petitioner testified that they worked at more than one facility either regularly or on an as-needed basis.[6]

One MRI Technologist testified that he had been hired in Santa Ana, but one day per week he works in Irvine, and on occasion "floats" to South Coast and Orange. Another MRI Technologist testified that after his original workplace was acquired by the Employer about 4 years ago, he became a "float" Technologist, assigned throughout Orange County, California, for about a year. Thereafter, he took a regular position in South Coast with set hours and weekends off. After a year at South Coast, during which he did not work at any other facility, he took a position at Orange Advanced Imaging in Orange, California. During the 2 years he has been at that facility, he has not worked at any other location.

Another MRI Technologist testified that he worked in Santa Ana and sometimes worked in Mission Viejo and Irvine. This Technologist also worked at a facility that was acquired by the Employer in about 2013, and began with the Employer as a per-diem floater, working at Santa Ana, Mission Viejo, and Irvine facilities. Although his current status is not revealed in the record, in the month of August 2018 he worked in Santa Ana and also worked two Saturdays in Mission Viejo.

The Multi-Modality Technologists regularly visit different sites, as they can work in several modalities as needed.[7] One Multi-Modality Technologist testified that she works in different modalities, performing mammography, X-ray, CT scans, and bone density scans. She performs mammograms only at one facility, in Santa Ana. According to her schedule, during the

[4] These same employees also testified that they utilize the same ADP site to review paystubs, medical benefits, vacation, PTO (paid time off), and sick time: ADP is a common acronym for Automatic Data Processing, a contractor for human resources management software and services. Again, there is no evidence in the record that the ADP site is utilized by all the employees in the petitioned-for unit, or that it is uniquely applicable only to unit employees.

[5] The Employee Handbook referenced above encourages transfers within or across regions and even nationally, specifically providing that after an initial 90-day assessment period, any employee may request a transfer within a region to be coordinated by local management. However, as previously noted, there is no evidence in the record that the handbook and the provisions contained therein apply to the employees in the petitioned-for unit.

[6] The Petitioner asserts that the recruiting materials posted on the Employer's website provide that an MRI Technologist is expected to travel to multiple sites in the Orange County Region. However, this unauthenticated recruiting material appears to be for a temporary per-diem employee who might be expected to fill in at different locations. There is no evidence in the record that this is a requirement that applies to all employees in the petitioned-for unit.

[7] The employee list proffered by the Employer shows three Multi-Modality employees.

month of August 2018 she worked in La Mirada, Garden Grove, Anaheim Advanced Imaging, Santa Ana, and South Coast.

A second Multi-Modality Technologist who performs mammograms, X-ray, and CT scans currently works in La Mirada, and Santa Ana, and more recently worked at South Coast. About a year ago, this employee also "floated" to Irvine, but requested to work primarily in the North Orange County facilities.

The per-diem employees also appear to regularly work at several sites. One per-diem MRI Technologist who has worked for the Employer for about a year testified that she worked at five different sites: Mission Viejo, Irvine, Garden Grove, Orange Advanced Imaging, and Anaheim.[8]

An Ultrasound Technologist testified that she works primarily at the South Coast facility, but works in Santa Ana on Wednesday evenings and an occasional Saturday. According to her schedule, in August 2018, she worked one day in Mission Viejo.

In all, seven employees from the petitioned-for unit testified as to whether they regularly moved between the various facilities. No company documents were proffered, however, to indicate the work schedules of the remaining employees in the petitioned-for unit, and no witness with comprehensive knowledge of employee interchange was presented.

6. **Employees' Schedules**

A few MRI Technologists testified that they have a master schedule in Excel spreadsheet form that also includes the X-Ray Technologists, CT Technologists, and the Nuclear Medicine/PET Technologists, along with some Mammography Technologists and some nurses. They stated that they believed that the MRI lead schedules the MRI Technologists for the various facilities, and presumed that the leads for the other classifications establish the schedules for their respective employees as well, although this is not clear in the record and is not corroborated by testimony or documents.

These employees testified that the Excel spreadsheet was available to them to check on-line at any time. These employees can then click on the tabs for each month and check the schedules. The schedule is constantly updated and these employees testified that they were expected to ascertain their own schedule, because changes could occur without notice and they would need to know where they have to show up. On occasion, these employees may receive a phone call to fill in for another who has called in sick, for example. The record does not reveal whether all employees in the petitioned-for unit utilize this spreadsheet.[9]

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[8] At the hearing, the Employer conceded that the vast majority of the Employer's employees in the petitioned-for unit are neither per diem nor on-call employees, although no specific number was presented.

[9] The schedule proffered by the employee witnesses called by the Petitioner could not be authenticated by them except to the extent that their own schedules appeared thereon. Therefore the schedules were admitted for that limited purpose only, and not to show the schedules of others in their or other classifications sought by the Petitioner.

The Excel spreadsheet proffered by the Petitioner's witnesses shows each location, and then which Technologist is scheduled to a particular room or machine within that location. Apparently, some Technologists who are no longer employed by the Employer appear on this schedule, and some who are currently employed do not appear on the schedule, which employees testified was designed to act as a "guide."

There is little evidence in the record regarding the scheduling of the rest of the employees in the petitioned-for unit. The Employer's witness conceded that some of the facilities listed above offer ultrasound procedures, with some facilities, but not all, keeping evening and/or Saturday hours. Some facilities that were not identified in the record offer unspecified procedures not offered at other facilities, which procedures might require special skills. Thus, according to the Employer's witness, the Ultrasound Technologists do not keep the same hours at each facility. Only one witness called by Petitioner testified that Mammography Technologists apparently have a separate paper schedule, but it was not offered into the record and was not confirmed by other testamentary or documentary evidence.

A few employee witnesses testified that they may work out among themselves regarding who will cover for another and may "swap" scheduled days-off. According to these employees, once an agreement is reached between the employees, they contact the lead to adjust the schedule accordingly. These employees averred that exchanges may occur between different facilities, and that the lead may also directly ask an employee to fill in for another as needed. However, the Petitioner offered no testimony or evidence as to whether these arrangements pertain to other employees in the petitioned-for unit.

7. **Equipment**

The Employer's witness confirmed that almost all mammography procedures use the same machine: if a biopsy indicated, then ultrasound is performed to provide a stereotactic view. As noted above, the MRI machines at the seven facilities where MRI services are offered are largely the same as well, except for magnetic power.

## II. WHETHER CERTAIN EMPLOYEES ARE GUARDS WITHIN THE MEANING OF THE ACT

The Employer contends that employees in the job classifications of Lead MRI Technologist, MRI Technologist, Nuclear Medicine Technologist, Nuclear Medicine/PET Technologist, and two Multi-Modality Technologists named in the record are guards within the meaning of Section 9(b)(3) of the Act. The burden rests with the party seeking to assert that status; here that is the Employer.

In support of this argument, the Employer presented evidence through the Medical and Health Physicist Dr. Vartani that the MRI and PET Technologists performed identical functions using different "modalities." The Employer proffered evidence that the areas in the seven facilities in Orange County where MRI services are offered are divided into "zones," with the zone containing the actual machine (the table, magnet, and gurney) being the most critical zone or "Zone 4." The magnetic power is described in "Tesla" units, which power can vary from one machine to another. Each successive zone is further away from the magnet and separated by a

door, so that Zone 3 is immediately outside the magnet area; Zone 2 is beyond a first door; and Zone 1 is beyond another door, if applicable. Apparently, the power is on continuously to the MRI unit so that magnetism is always present, whether a patient is being imaged or not.

Zone 4 closest to the MRI unit contains other monitoring equipment, including EKG machines: most other equipment of a ferromagnetic nature, however, cannot be in proximity to the magnet. The MRI room or "Zone 4" is typically entered by the patient, the Technologists, physicians, radiologists, and physicists. The console station containing the monitors and the computers that capture the data are in Zone 3, behind a door and are monitored by a Technologist and unspecified Technologist-trained personnel. Zone 2 is generally a dressing and locker area for patients, and Zone 1, the area furthest from the MRI machine, is a public waiting area where there might be televisions.

In order to ensure the safety of patients and other personnel, MRI Technologists have electronic access to the MRI Department Manual (the Manual), which was created by Dr. Vartani and contains guidelines and procedures for MRI Technologists that have been developed by the American College of Radiology Accreditation. The Manual states that it is intended to train Technologists who work in the MRI department, and contains a section on Safety that defines the foregoing Zones and the need for supervised and controlled access to the areas surrounding the MRI machine. In this regard, the Manual suggests that the MRI environment be clearly demarcated with appropriate signage indicating the presence of a strong magnetic field.[10] The Manual also suggests that only MRI personnel be issued keys to the restricted area where the MRI machine is kept. However, the Employer's doors to the MRI machines are not kept locked.

As previously noted, MRI Technologists are responsible for screening patients scheduled for MRI procedures to ensure that there is no extraneous metal such as stents, grafts, or other objects that might expose that patient to potential dangers from the MRI's magnet. This screening procedure is also described in the Manual. If a patient with contraindications were to attempt to enter Zone 4 where he or she might be in some danger, the MRI Technologists would try to prevent them or would call the police. Non-MRI employees, like custodians, are also trained to keep the doors shut and monitor the comings and goings of patients.

Also described in some detail in the Manual are cleaning and housekeeping duties for the MRI area required to be performed by all MRI Technologists.

The MRI Technologists, in the course of their duties, do not carry weapons, clubs, or security devises, nor do they wear badges identifying themselves as security personnel. If they identify a threat or suspicious activity at their facility, they call 9-1-1 or the police, rather than using force themselves. If there is a threat to the MRI unit, they report it to the site manager and/or complete an incident report particular to that modality. They do not screen visitors (except for the medical screening of patients described above), nor do they issue passes to visitors to the site.

With regard to the PET Technologists, they are required to not only monitor the radioactive isotopes, but must also monitor the movement of the patients who have been injected

[10] The wording of the signage is dictated by the U.S. Food and Drug Administration.

with the isotopes to as to avoid exposing others to them after they have essentially been made radioactive. Because the output dose of the isotopes used in PET scans is extremely high and therefore more powerful than those used in other nuclear medicine, the PET Technologist must confine the patients to a lead-lined room called the "quiet room" to limit exposure to others, and then escort them out after the test so they are not exposed to patients in the waiting room. These Technologists are also responsible for securing the radioactive isotope material which is delivered twice a day and secured in a special "hot" room to which only the Technologist or the supervising physician has access.[11]

Like the MRI Technologists, the PET/CT Technologists to not carry weapons, clubs or security devices, nor are they identified as security personnel. They are not authorized to use physical force to counteract suspicious activity, but generally call the police.

The Employer asserts that to the extent that the two named Multimodality Technologists who perform MRIs and are subject to the above responsibilities regarding the MRI equipment, they are also guards under the Act.

## III. THE VALIDITY OF THE BOARD'S AMENDMENTS TO ITS REPRESENTATION CASE PROCEDURES

The Employer challenged the facial validity of the Board's amendments to its representation-case procedures (the Amendments), and was allowed to make an offer of proof on the record at the hearing and to argue this issue in its post-hearing brief.

The Employer asserts that the Amendments violate public policy, the Administrative Procedures Act (APA), and Section 9 of the National Labor Relations Act (the Act). The Employer further asserts that:

- The Amendments exceed the Board's statutory authority;
- Deferral of the issue of voter eligibility violates Section 9 of the Act;
- Restricts of employer free speech by shortening the time period between the filing of the election petition and the election;
- Employer disclosure of employees' personal information violates of the APA and public policy; and
- The Amendments are "capricious and arbitrary."

As a remedy, the Employer asks that the Amendments be rescinded and the instant petition be dismissed.

## IV. DISCUSSION

[11] The employees of the radiopharmaceutical companies that deliver the isotopes also have access to the "hot room."

**1. The Scope of the Unit**

The issue presented is whether the petitioned-for sites in Orange County are an appropriate multi-facility unit, or whether the individual sites are each an appropriate unit as asserted by the Employer.[12]

It is well settled that where a multi-facility unit is sought by a labor organization, the standard single-facility presumption does not apply. See, for example, *Capital Coors Co.*, 309 NLRB 322 (1992). Rather, the Board applies its traditional community-of-interest analysis. Specifically, where a labor organization seeks a unit that is greater than a single location, but not company-wide in scope, the Board considers a number of factors to determine whether the employees in the petitioned-for unit share a community of interest distinct from the employees in the excluded facilities. *Bashas', Inc.*, 337 NLRB 710, 711 (2002). Among those enunciated factors are:

- Similarity of employee skills;
- Duties and working conditions;
- Functional integration of business operations;
- Employee interchange;
- Centralized control of management functions, supervision, and labor relations;
- Whether the petitioned-for unit conforms to an administrative function or organizational grouping of the employer's operations;
- Geographic cohesiveness and proximity; and
- Collective bargaining history.

*Sleepy's Inc.*, 355 NLRB 132, 134 (2010).

As discussed below, the foregoing record demonstrates that the Petitioner has failed to meet its burden of showing that the employees in the petitioned-for unit share a sufficient community of interest so that the petitioned-for multi-facility unit would be an appropriate unit for collective-bargaining purposes.

In this regard, the record shows a similarity of skills among certain Technologists, including the MRI and Nuclear Medicine/PET Technologists, whom the Employer conceded performed the same work albeit using different modalities. The remaining employees – the Mammography Technologists, the Ultrasound Technologists, Radiology Technologists, and CT Technologists – all appear to perform diagnostic radiology procedures which utilize different modalities that use some form of radiation to produce medical images to detect pathologies.[13] There is little testimony on the record regarding the exact duties, special certifications, training, and protocols required of these technologists in the petitioned-for unit. Given the wide range of

[12] In its post-hearing brief, the Petitioner asserts that it was the Hearing Officer's duty to call Employer witnesses and to present evidence in support of the Petitioner's petitioned-for unit, and that this burden had been unfairly placed on the Petitioner. That is incorrect. It was incumbent upon the Petitioner to present evidence at the hearing, including witnesses and documents in support of its petitioned-for multi-facility unit.

[13] Ultrasound utilizes high-frequency sound waves to create an image, rather than electromagnetic radiation like X-rays or CT scans.

job classifications at the various locations, it cannot be concluded that the employees in the petitioned-for unit possess similar skills among all the facilities, particularly when it has been admitted that the same diagnostic services are not offered at all facilities.

The record also fails to show similar duties and working conditions among the various employees in the petitioned-for unit. While the Petitioner suggests that all the employees at issue are covered by the same Employee Handbook, which provides for common disciplinary rules, work rules, benefits, holidays, leave, and other terms and conditions of employment, there is no evidence that these terms and conditions of employment are uniquely applicable to the employees in the petitioned-for unit, and there was no testimony or evidence offered as to the extent to which this Employee Handbook has been implemented at the various locations. Rather, there is some evidence that the employees may work different hours and days at their respective facilities, each of which is overseen by a site manager who has some authority over the employees at that facility. As noted above, there is sparse evidence that the employees in the petitioned-for unit share similar duties, particularly given the fact that they utilize different machines and protocols in their work.

Functional integration of business operations among the petitioned-for facilities is not clearly demonstrated by the fact that all operating and safety protocols for the various modalities utilized at the Employer's facilities are developed and promulgated by the same Medical Health Physicist. Nor was there testimony or evidence offered to show that these protocols are uniformly in effect or enforced by the Employer at all of the petitioned-for facilities. Moreover, the Petitioner proffered no evidence that the petitioned-for facilities comprise all of the Employer's facilities in Orange County. To the extent that the Petitioner may not be seeking all Orange County locations, this argues against the appropriateness of the petitioned-for unit.

Furthermore, there is insufficient evidence of centralized control of management functions, supervision, and labor relations. In this regard, although it was asserted that the facilities are overseen by a Regional Operations Director for Orange County, who is located in Santa Ana, the record showed that employees in the petitioned-for unit had very little contact with him. No company records were proffered to show the managerial structure or the reporting hierarchy of the Employer, so evidence of this individual's authority remains purely anecdotal.

Employees in the petitioned-for unit testified that each facility has a site manager who allegedly reports to the Regional Operations Director. The site managers are responsible for the day-to-day operation of the site, including scheduling, and breaks, and resolution of operating issues. However, as noted above, no company records or witnesses were proffered to establish the reporting hierarchy or the specific duties of the site managers. Therefore, the Petitioner has failed to demonstrate that there is centralized control of management functions with regard to supervision of the sites.

Nor does the asserted maintenance of region-wide schedules for certain technical employees, including the MRI Technologists, CT Technologists, Nuclear/PET Technologists, Radiology Technologists, and nurses demonstrate centralized control of management functions. Rather, the testimony of several employees in the petitioned-for unit shows that hours and days, and therefore individual schedules, at the facilities can vary depending on the days of the week and hours of the facility. The fact that the Mammography Technologists testified that they are

scheduled on a separate master schedule for all the facilities in Orange County suggests that there is no centralized coordination of schedules for the employees in the petitioned-for unit.[14]

While the facilities in the petitioned-for unit appear to conform to an organizational grouping referred to collectively as the Orange County district in several of Employer's publications, there is no evidence on the record as to whether there are additional facilities in Orange County not included in the petitioned-for unit. Thus, it cannot be concluded that the petitioned-for unit is a distinct organizational grouping, or only a part thereof.

Moreover, there is not sufficient geographic cohesiveness or proximity of the facilities in the petitioned-for unit to demonstrate that they comprise an appropriate multi-facility unit. Although they are all in Orange County, the closest two located in Orange and Santa Ana, respectively, are approximately 4 miles apart. The other facilities vary between 6.9 and 30 miles part, with Laguna Niguel in Southern Orange County being the furthest away from the other facilities.[15]

With regard to employee interchange between the facilities at issue, the record discloses that a few employees are regularly scheduled to work at several facilities within a given month or even a given week. The Multi-Modality Technologists in particular regularly work at different facilities and perform different kinds of diagnostic imaging functions at each. Per-Diem Technologists testified that they regularly "float" between facilities as needed. However, there are admittedly few employees in these latter classifications. The limited testimony shows interchange between a handful of employees in the petitioned-for unit at only some, but not all (9 out of 15) of the facilities at issue.[16] Absent evidence beyond just a few examples, and lacking company records, there is insufficient substantiation of interchange between the Orange County facilities to demonstrate that a multi-facility unit is an appropriate one.

Finally, with regard to the final factor – collective bargaining history – the parties stipulated at the hearing that there was no bargaining history with regard to the employees in the petitioned-for unit.

Based upon the foregoing, I conclude that the Petitioner has failed to meet its burden of showing that the employees in the petitioned-for unit share sufficient community of interest with one another to demonstrate that this multi-facility unit is an appropriate one for collective bargaining.

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[14] Again, no company records were proffered to demonstrate how employees in the petitioned-for unit were scheduled and who actually did the scheduling.

[15] Specifically, Laguna Niguel is between 18 miles and 38 miles distance from the other facilities. Although Orange County is the smallest county in Southern California, it still covers almost 800 square miles of land.

[16] The Petitioner asserts that the Employee Handbook covers all the employees in the petitioned-for unit. Although the Handbook provides that, "RadNet's national job posting can be found at RadNet's career website which offers a comprehensive listing al all open positions. We strongly encourage all of our team members to review this posing to stay abreast of openings offering job growth and/or relocation opportunity. Subsequent to the 90 day assessment period for any new hire or incumbent employee in a new position, all transfers within regions will be coordinated by local management," there is no evidence on the record that the Handbook does in fact govern the terms and conditions of all the employee's in the petitioned-for unit. Therefore, this language cannot be relied upon to show regular interchange, particularly in the absence of evidence of same.

Having found that the petitioned-for multi-facility is not appropriate, the Petitioner has indicated its willingness to proceed to an election in any alternative unit if the unit sought by Petitioner is found to be inappropriate. The Employer argues that single-facility units at each of the 15 facilities are presumptively appropriate.

In the absence of any argument for any other unit, I find that single-facility units are presumed to be appropriate, and elections at each of those facilities will be ordered accordingly.

**2. Whether Certain Employees in the Petitioned-for Unit are Guards within the Meaning of the Act and whether the Petition Should be Dismissed on that Basis**

The Employer contends in its pre-hearing statement of position and also argued at the hearing that certain employees, specifically the MRI Technologists and Lead MRI Technologists, the Nuclear Medicine/PET Technologists, and the Multi-Modality Technologists who perform MRI procedures, are guards within the meaning of the Act, and that, based thereon, the instant petition should be dismissed.

Section 9(b)(3) of the Act defines a guard as "as individual employed to enforce against employees and other persons rules to protect the property of the employer or to protect the safety of persons on the employer's property."[17] Section 9(b)(3) further prohibits the Board from finding appropriate any bargaining unit that includes both guards and nonguards and also prohibits certification of a union representing a unit of guards if the union admits nonguards to membership. Thus, a petitioned-for unit of guards must include only guards and the union seeking certification must admit only guards to membership. Finally, the Board has found that employees who perform some guard-like duties that are merely incidental to their other duties are not guards under Section 9(b)(3) of the Act.[18]

With regard to the issue of whether certain petitioned-for employees are guards within the meaning of the Act and therefore statutorily excluded from the unit, the burden rests with the party seeking to assert that status; that is, the Employer.

Considerable evidence was produced at the hearing describing the MRI Technologist's responsibilities to maintain the MRI machines at appropriate temperatures and to ensure that extraneous metal – whether inside of a patient or from outside sources – was kept away from the MRI magnet coil. The record also described government-mandated signage in the area and limited access to the critical zones around the MRI machine that were enforced by multiple employees of the Employer.

Evidence was also produced regarding the responsibilities of the Nuclear Medicine/PET Technologists to ensure that patients who had been injected with radioactive isotopes did not contaminate others, and that the radioactive material was properly stored and shielded.

The Employer conceded, through its one witness, that the MRI Technologists and the Nuclear Medicine/PET Technologists do not carry weapons, clubs, wear uniforms or badges, or

[17] See, e.g., *Wolverine Dispatch, Inc.*, 321 NLRB 796 (1996)
[18] *Wolverine, supra*, at 798; *55 Liberty Owners Corp.*, 318 NLRB 308 (1995).

display any of the other common indicia of guards. Nor are they physically situated in a security booth and do not make periodic rounds of the facility as part of their regular duties. They do not monitor the entrance and exit of persons into the facility, except to the extent that they escort their patients through the imaging procedure once the patients have been granted access to the building. Moreover, there is no evidence that these employees receive specialized instructions on what to do in the event that there is a threat to the security of the premises, except that they are to contact the site manager and/or call 9-1-1.

The record shows that these employees are engaged to perform certain diagnostic testing, and not to ensure the safety and security of the Employer's premises. Safety protocols devised by the Employer for these employees relate to the operation of the diagnostic machines they utilize, and not to the Employer's premises as a whole. Thus, although these employees may have some responsibility to ensure the safe operation of the Employer's equipment, that responsibility is within the framework of their duties as diagnostic technicians.

Based upon the totality of the evidence, I conclude that the Employer has not met its burden of showing that the employees at issue are guards within the meaning of the Act. Therefore, I find that the MRI Technologists, the Nuclear Medicine/PET Technologist, and the Multi-Modality Technologists are appropriately included in the units which I have found to be appropriate.

### 3. Whether the Board's Revised Election Rules Violate Law and Public Policy

The Employer asserts in its pre-hearing Statement of Position and at the hearing that the Board's revised election rules violate law and public policy in a number of respects, and that the instant petition, by virtue of having been filed and processed under those Rules, should be dismissed.

After hearing the Employer's offer of proof at the hearing regarding the validity of the Rules, I declined to permit litigation on this issue because the Board has already considered and rejected such arguments concerning the facility validity of the amendments to its representation-case procedures in adopting the final rules, and the issue was again considered and decided in *Pulau Corp.*, 363 NLRB No. 8 (2015). Moreover, in *Chamber of Commerce v. NLRB*, 118 F.Supp.3d 171 (D.D.C. 2015), the district court, granting summary judgment for the Board, found that the Rules did not violate the Act, the First Amendment, or due process under the Fifth Amendment. Furthermore, in *Associated Builders & Contractors of Texas v. NLRB*, No. 1-15-CV-026 RP, 2015 WL 3609116 (W.D.Tex. June 1, 2015), the district court found that the Rules did not violate the Act and were not arbitrary and capricious under the Administrative Procedures Act. That decision was affirmed by the U.S. Court of Appeals for the Fifth Circuit, 826 F.3d 215 (5th Cir. 2016).[19]

## FINDINGS AND CONCLUSIONS

Based upon the entire record in this matter, I find as follows:

[19] The Employer raises the same arguments in its post-hearing brief, which I reject on the same bases.

1. The Hearing Officer's rulings are free from prejudicial error and hereby are affirmed.

2. The Employer is engaged in commerce within the meaning of Section 2(6) and (7) of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.[20]

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.[21]

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. There is no collective-bargaining agreement covering any of the employees in the units sought in the petition herein, and there is no contractual bar or other bar to elections in this matter.

6. The following 10 units A through J constitute appropriate units for the purposes of collective bargaining within the meaning of Section 9(b) of the Act:[22]

Unit A:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Breastlink Women's Imaging – Santa Ana, currently located at 1100-A, N. Tustin Avenue, Santa Ana, CA 92705.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit B:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at La Mirada Imaging, currently located at 15651 Imperial Highway, Suite 103, La Mirada, CA 90638.

[20] At the hearing the parties stipulated that the Employer is a California corporation, with its principal offices located in Los Angeles, California, and facilities throughout Southern California, and is engaged in the operation of administering imaging services. During the past 12 months, a representative period, the Employer derived gross revenues in excess of $1,000,000 from administering these services and during the same period of time it purchased and received at is Southern California facilities goods valued in excess of $50,000 directly from points outside the State of California. The parties also stipulated that the Employer is an employer engaged in commerce within the meaning of Section 2(6) and (7) of the Act.

[21] At the hearing the parties further stipulated that the Petitioner is a labor organization within the meaning of Section 2(5) of the Act.

[22] Following the conclusion of the hearing in this matter, the Petitioner notified the Region that if elections were directed in single-facility units instead of the petitioned-for multi-facility unit, the Petitioner did not wish to proceed to a single-facility election in the following five facilities: West Coast Radiology – X-Ray; Breastlink Women's Imaging – Orange; Breastlink Women's Imaging – Irvine; Breastlink Women's Imaging – Garden Grove; and Anaheim X-Ray West Imaging Center.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit C:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Orange Advanced Imaging, currently located at 230 S. Main Street, Suite 101, Orange, CA 92868.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit D:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Orange Imaging, currently located at 230 S. Main Street, Suite 205, Orange, CA 92868.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit E:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Garden Grove Advanced Imaging, currently located at 9191 Westminster Avenue, Suites 105, Garden Grove, CA 92844.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit F:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology – Mission Viejo, currently located at 27882 Forbes Road, Suite 120, Laguna Niguel, CA 92677.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit G:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Anaheim Advanced Imaging, currently located at 947 S. Anaheim Boulevard, Suite 130, Anaheim, CA 92805.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit H:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology - Irvine, currently located at 16300 Sand Canyon Avenue, Suite 102, Irvine, CA 92618.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit I:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology – South Coast, currently located at 2620 S. Bristol Street, Santa Ana, CA 92705.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

Unit J[23]:

VOTING GROUP – UNIT J-1 (Professional Unit)

Included: All full-time, regular part-time, and per-diem registered nurse (RN) employees employed by the Employer at West Coast Radiology – Santa Ana, currently located at 1100-A, N. Tustin Avenue, Santa Ana, CA 92705.

Excluded: All other employees, service employees, office clerical employees, confidential employees, other professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

VOTING GROUP – UNIT J-2 (Non-professional Unit)

[23] The parties stipulated at the hearing that whatever unit the Region finds appropriate, any unit that includes the job classification of "Registered Nurse" will vote in a *Sonotone* election, given that Registered Nurses are professional employees. *Sonotone Corp.*, 181 NLRB 830 (1970).

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology – Santa Ana, currently located at 1100-A, N. Tustin Avenue, Santa Ana CA 92705.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

The employees in the nonprofessional voting group in Unit J will be asked if they wish to be represented by the Petitioner. The employees in the professional voting group in Unit J will be asked the following two questions on their ballot:

1. Do you desire to be included with nonprofessional employees in a single unit for the purposes of collective bargaining?

2. Do you desire to be represented by the National Union of Healthcare Workers?

## DIRECTION OF ELECTION

The National Labor Relations Board will conduct a secret ballot election among the employees in the units found appropriate above. Employees will vote whether or not they wish to be represented for purposes of collective bargaining by NATIONAL UNION OF HEALTHCARE WORKERS.

### A. Election Details

The dates, times, and places of each election in the units will be as follows:

Unit A:

Breastlink Women's Imaging – Santa Ana, 1100-A, N. Tustin Avenue, Santa Ana, CA 92705

Date: October 25, 2018
Hours: 11:30 a.m. to 1:00 p.m. and 5:00 p.m. to 6:30 p.m.
Place: Conference Room in Medical Records Department

Unit B:

La Mirada Imaging, 15651 Imperial Highway, Suite 103, La Mirada, CA 90638

Date: October 24, 2018
Hours: 11:30 a.m. to 1:00 p.m.
Place: Employee Break Room

Unit C:

Orange Advanced Imaging, 230 S. Main Street, Suite 101, Orange, CA 92868

Date: October 24, 2018
Hours: 11:30 a.m. to 1:00 p.m. and 5:00 p.m. to 6:30 p.m.
Place: 2nd Floor Medical Records Space

Unit D:

Orange Imaging, 230 S. Main Street, Suite 205, Orange, CA 92868
Date: October 25, 2018
Hours: 11:30 a.m. to 1:00 p.m. and 5:00 p.m. to 6:30 p.m.
Place: 2nd Floor Medical Records Space

Unit E:

Garden Grove Advanced Imaging, 9191 Westminster Avenue, Suites 105, Garden Grove, CA 92844
Date: October 24, 2018
Hours: 7:30 a.m. to 9:00 a.m. and 4:30 p.m. to 6:00 p.m.
Place: Downstairs Break Room

Unit F:

West Coast Radiology – Mission Viejo, 27882 Forbes Road, Suite 120, Laguna Niguel, CA 92677
Date: October 25, 2018
Hours: 7:30 a.m. to 9:00 a.m.
Place: Break Room

Unit G:

Anaheim Advanced Imaging, 947 S. Anaheim Boulevard, Suite 130, Anaheim, CA 92805
Date: October 24, 2018
Hours: 12:00 p.m. to 1:00 p.m. and 2:30 p.m. to 3:30 p.m.
Place: Break Room

Unit H:

West Coast Radiology - Irvine, 16300 Sand Canyon Avenue, Suite 102, Irvine, CA 92618
Date: October 25, 2018
Hours: 11:30 a.m. to 1:00 p.m. and 5:00 p.m.to 6:30 p.m.
Place: Medical Records Room

Unit I:

West Coast Radiology – South Coast, 2620 S. Bristol Street, Santa Ana, CA 92705
Date: October 25, 2018
Hours: 11:30 a.m. to 12:30 p.m.
Place: Break Room

Unit J:

West Coast Radiology – Santa Ana, 1100-A, N. Tustin Avenue, Santa Ana, CA 92705
Date: October 24, 2018
Hours: 11:30 a.m. to 1:00 p.m. and 5:00 p.m. to 6:30 p.m.
Place: Conference Room in Medical Records Department

At the conclusion of each election set forth above, the ballots will be impounded. Then, at the conclusion of the final polling period at the final election, the ballots will be counted for each separate voting unit. Accordingly, the ballots for each separate unit will be counted as soon as possible after 6:30 p.m. on October 25, 2018, at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.

**B. Voting Eligibility**

Eligible to vote are those in the units who were employed during the payroll period ending **September 28, 2018,** including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Also eligible to vote are all employees in the units who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.[24]

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; (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, 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 in each unit.

To be timely filed and served, the lists must be *received* by the regional director and the parties by **Friday, October 12, 2018.** The lists 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 lists 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 lists must begin with each employee's last name and the lists must be alphabetized (overall or by department) by last name. Because the lists will be used during the election, the font size of the

[24] The parties agreed that the eligibility of part-time employees will be determined by the Board's decision in *Davison-Paxon Co.*, 185 NLRB 21 (1970).

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 lists 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 lists shall be filed electronically with the Region and served electronically on the other parties named in this decision. The lists 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 lists within the specified time or in the proper format if it is responsible for the failure.

No party shall use the voter lists 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 Notices of Election in conspicuous places, including all places where notices to employees in the unit found appropriate are customarily posted. The Notices 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 units found appropriate, the Employer must also distribute the Notices of Election electronically to those employees. The Employer must post copies of the Notices at least 3 full working days prior to 12:01 a.m. of the day of the elections 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.

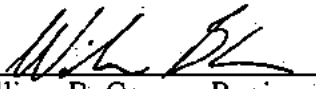
## RIGHT TO REQUEST REVIEW

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 14 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 may be E-Filed through the Agency's website but 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. 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: October 10, 2018



William B. Cowen, Regional Director
National Labor Relations Board, Region 21
888 South Figueroa Street, Ninth Floor
Los Angeles, CA 90017

**UNITED STATES OF AMERICA**
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**
**REGION 21**

**RADNET MANAGEMENT, INC.**

**Employer**

**and** **Case 21-RC-226166**

**NATIONAL UNION OF HEALTHCARE WORKERS**

**Petitioner**

**AFFIDAVIT OF SERVICE OF Decision and Direction of Election**

I, the undersigned employee of the National Labor Relations Board, being duly sworn, say that on October 10, 2018, I served the above-entitled document(s) by **electronic mail** upon the following persons, addressed to them at the following addresses:

Bryan Carmody , Attorney at Law
Carmody & Carmody, LLP
bcarmody@carmodyandcarmody.com

Florice Hoffman , Attorney
Law Office of Florice Hoffman
fhoffman@socal.rr.com

10/10/18
Date

Nathan Seidman,
Designated Agent of NLRB
Name

Signature

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
REGION 21
888 S Figueroa St Fl 9
Los Angeles, CA 90017-5449

Agency Website: www.nlrb.gov
Telephone: (213)894-5200
Fax: (213)894-2778

October 16, 2018

BRYAN CARMODY, ATTORNEY AT LAW
CARMODY & CARMODY, LLP
134 EVERGREEN LN
GLASTONBURY, CT 06033-3706

Re: RadNet Management, Inc.
Case 21-RC-226166

Dear Mr. Carmody:

Enclosed are the Notices of Election in the above case. Please post them on bulletin boards and other conspicuous places in areas where the employees in the bargaining unit work. To help avoid an issue about the adequacy of the posting period, **the notices should be posted immediately upon receipt.**

**Notice Posting Requirement**

Section 102.67(k) of the Board's Rules and Regulations requires employers to post the Board's official Notice of Election in conspicuous places at least 3 full working days, not including Saturdays, Sundays, and holidays, prior to 12:01 a.m. of the day of the election, and distribute the Notice electronically if the employer customarily communicates with employees in the unit electronically. Therefore, the attached Notices must be posted and distributed **prior to 12:01 a.m. on October 19, 2018**. Failure to comply with this posting and distribution requirement is grounds for setting the election aside whenever proper and timely objections are filed.

Very truly yours,

NATHAN SEIDMAN
Acting Regional Director

Enclosures: (10)

cc: PIETE CLAYTON, ORGANIZER
NATIONAL UNION OF HEALTHCARE WORKERS
225 W BROADWAY STE 155
GLENDALE, CA 91204-1332

FLORICE HOFFMAN, ATTORNEY
LAW OFFICE OF FLORICE HOFFMAN
8502 EAST CHAPMAN AVENUE, SUITE 353
ORANGE, CA 92869-2461

NATIONAL UNION OF HEALTHCARE WORKERS
5801 CHRISTIE AVE STE 525
SUITE 525
EMERYVILLE, CA 94608-1986

NS/js

Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

**PURPOSE OF ELECTION: This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.**

**SECRET BALLOT: The election will be by SECRET ballot under the supervision of the Regional Director of the National Labor Relations Board (NLRB). A sample of the official ballot is shown on the next page of this Notice. Voters will be allowed to vote without interference, restraint, or coercion. Electioneering will not be permitted at or near the polling place. Violations of these rules should be reported immediately to an NLRB agent. Your attention is called to Section 12 of the National Labor Relations Act which provides: ANY PERSON WHO SHALL WILLFULLY RESIST, PREVENT, IMPEDE, OR INTERFERE WITH ANY MEMBER OF THE BOARD OR ANY OF ITS AGENTS OR AGENCIES IN THE PERFORMANCE OF DUTIES PURSUANT TO THIS ACT SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $5,000 OR BY IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.**

**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

**CHALLENGE OF VOTERS: If your eligibility to vote is challenged, you will be allowed to vote a challenged ballot. Although you may believe you are eligible to vote, the polling area is not the place to resolve the issue. Give the Board agent your name and any other information you are asked to provide. After you receive a ballot, go to the voting booth, mark your ballot and fold it so as to keep the mark secret. DO NOT SIGN YOUR BALLOT. Return to the Board agent who will ask you to place your ballot in a challenge envelope, seal the envelope, place it in the ballot box, and leave the polling area. Your eligibility will be resolved later, if necessary.**

**AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.**

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT A: BREASTLINK WOMEN'S IMAGING – SANTA ANA

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Breastlink Women's Imaging – Santa Ana, currently located at 1100-A, N. Tustin Avenue, Santa Ana, CA 92705, during the payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.

**DATE, TIMES AND PLACE OF ELECTION**

| | | |
|---|---|---|
| Thursday, October 25, 2018 | 11:30 a.m. to 1:00 p.m.<br>and<br>5:00 p.m. to 6:30 p.m. | Conference Room in the Medical Records Department located at 1100-A, N. Tustin Avenue, Santa Ana, CA 92705 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**
For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

SAMPLE

**DO NOT SIGN THIS BALLOT. Fold and drop in the ballot box.**
**If you spoil this ballot, return it to the Board Agent for a new one.**
The National Labor Relations Board does not endorse any choice in this election. Any markings that you may see on any sample ballot have not been put there by the National Labor Relations Board.

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

## RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

## It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both Employers and Unions to know what is expected of them when it holds an election.

If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

## The National Labor Relations Board protects your right to a free choice.

Improper conduct will not be permitted. All parties are expected to cooperate fully with this Agency in maintaining basic principles of a fair election as required by law.

Anyone with a question about the election may contact the NLRB Office at (213)894-5200 or visit the NLRB website www.nlrb.gov for assistance.

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

**PURPOSE OF ELECTION: This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.**

**SECRET BALLOT: The election will be by SECRET ballot under the supervision of the Regional Director of the National Labor Relations Board (NLRB). A sample of the official ballot is shown on the next page of this Notice. Voters will be allowed to vote without interference, restraint, or coercion. Electioneering will not be permitted at or near the polling place. Violations of these rules should be reported immediately to an NLRB agent. Your attention is called to Section 12 of the National Labor Relations Act which provides: ANY PERSON WHO SHALL WILLFULLY RESIST, PREVENT, IMPEDE, OR INTERFERE WITH ANY MEMBER OF THE BOARD OR ANY OF ITS AGENTS OR AGENCIES IN THE PERFORMANCE OF DUTIES PURSUANT TO THIS ACT SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $5,000 OR BY IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.**

**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

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**AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.**

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT B: LA MIRADA IMAGING

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at La Mirada Imaging, currently located at 15651 Imperial Highway, Suite 103, La Mirada, CA 90638, during the payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.

## DATE, TIME AND PLACE OF ELECTION

| | | |
|---|---|---|
| Wednesday, October 24, 2018 | 11:30 a.m. to 1:00 p.m. | Employee Break Room<br>La Mirada Imaging,<br>15651 Imperial Highway,<br>Suite 103,<br>La Mirada, CA 90638 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**

For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

SAMPLE

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Form NLRB-707
(4-2015)

United States of America
National Labor Relations Board

# NOTICE OF ELECTION

## RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

## It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both Employers and Unions to know what is expected of them when it holds an election.

If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

## The National Labor Relations Board protects your right to a free choice.

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

**PURPOSE OF ELECTION: This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.**

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**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

**CHALLENGE OF VOTERS: If your eligibility to vote is challenged, you will be allowed to vote a challenged ballot. Although you may believe you are eligible to vote, the polling area is not the place to resolve the issue. Give the Board agent your name and any other information you are asked to provide. After you receive a ballot, go to the voting booth, mark your ballot and fold it so as to keep the mark secret. DO NOT SIGN YOUR BALLOT. Return to the Board agent who will ask you to place your ballot in a challenge envelope, seal the envelope, place it in the ballot box, and leave the polling area. Your eligibility will be resolved later, if necessary.**

**AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.**

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT C: ORANGE ADVANCED IMAGING

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Orange Advanced Imaging, currently located at 230 S. Main Street, Suite 101, Orange, CA 92868, during the payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705

## DATE, TIMES AND PLACE OF ELECTION

| | | |
|---|---|---|
| Wednesday, October 24, 2018 | 11:30 a.m. to 1:00 p.m.<br>and<br>5:00 p.m. to 6:30 p.m. | 2nd Floor Medical Records Space<br>Orange Advanced Imaging,<br>230 S. Main Street, Suite 101,<br>Orange, CA 92868 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**

For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

SAMPLE

**DO NOT SIGN THIS BALLOT. Fold and drop in the ballot box.**

**If you spoil this ballot, return it to the Board Agent for a new one.**

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Form NLRB-707
(4-2015)

United States of America
National Labor Relations Board

# NOTICE OF ELECTION

## RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

## It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

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If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

## The National Labor Relations Board protects your right to a free choice.

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

**PURPOSE OF ELECTION: This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.**

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**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

## VOTING UNIT D: ORANGE IMAGING

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Orange Imaging, currently located at 230 S. Main Street, Suite 205, Orange, CA 92868, during payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.

**DATE, TIMES AND PLACE OF ELECTION**

| | | |
|---|---|---|
| Thursday, October 25, 2018 | 11:30 a.m. to 1:00 p.m.<br>and<br>5:00 p.m. to 6:30 p.m. | 2nd Floor Medical Records Space<br>Orange Imaging,<br>230 S. Main Street, Suite 205,<br>Orange, CA 92868 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**

For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

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Form NLRB-707
(4-2015)

United States of America
National Labor Relations Board

# NOTICE OF ELECTION

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- Form, join, or assist a union
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- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

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Form NLRB-707
(4-2015)

## United States of America
## National Labor Relations Board

# NOTICE OF ELECTION

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**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

**CHALLENGE OF VOTERS: If your eligibility to vote is challenged, you will be allowed to vote a challenged ballot. Although you may believe you are eligible to vote, the polling area is not the place to resolve the issue. Give the Board agent your name and any other information you are asked to provide. After you receive a ballot, go to the voting booth, mark your ballot and fold it so as to keep the mark secret. DO NOT SIGN YOUR BALLOT. Return to the Board agent who will ask you to place your ballot in a challenge envelope, seal the envelope, place it in the ballot box, and leave the polling area. Your eligibility will be resolved later, if necessary.**

**AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.**

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT E: GARDEN GROVE ADVANCED IMAGING

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Garden Grove Advanced Imaging, currently located at 9191 Westminster Avenue, Suites 105, Garden Grove, CA 92844, during the payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705

**DATE, TIMES AND PLACE OF ELECTION**

| | | |
|---|---|---|
| Wednesday, October 24, 2018 | 7:30 a.m. to 9:00 a.m.<br>and<br>4:30 p.m. to 6:00 p.m. | Downstairs Break Room<br>Garden Grove Advanced Imaging,<br>9191 Westminster Avenue, Suites 105,<br>Garden Grove, CA 92844 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**

For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

SAMPLE

**DO NOT SIGN THIS BALLOT. Fold and drop in the ballot box.**

**If you spoil this ballot, return it to the Board Agent for a new one.**

The National Labor Relations Board does not endorse any choice in this election. Any markings that you may see on any sample ballot have not been put there by the National Labor Relations Board.

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

United States of America
National Labor Relations Board

# NOTICE OF ELECTION

## RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

## It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both Employers and Unions to know what is expected of them when it holds an election.

If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

## The National Labor Relations Board protects your right to a free choice.

Improper conduct will not be permitted. All parties are expected to cooperate fully with this Agency in maintaining basic principles of a fair election as required by law.

Anyone with a question about the election may contact the NLRB Office at (213)894-5200 or visit the NLRB website www.nlrb.gov for assistance.

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

## United States of America
## National Labor Relations Board

# NOTICE OF ELECTION

**PURPOSE OF ELECTION: This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.**

**SECRET BALLOT: The election will be by SECRET ballot under the supervision of the Regional Director of the National Labor Relations Board (NLRB). A sample of the official ballot is shown on the next page of this Notice. Voters will be allowed to vote without interference, restraint, or coercion. Electioneering will not be permitted at or near the polling place. Violations of these rules should be reported immediately to an NLRB agent. Your attention is called to Section 12 of the National Labor Relations Act which provides: ANY PERSON WHO SHALL WILLFULLY RESIST, PREVENT, IMPEDE, OR INTERFERE WITH ANY MEMBER OF THE BOARD OR ANY OF ITS AGENTS OR AGENCIES IN THE PERFORMANCE OF DUTIES PURSUANT TO THIS ACT SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $5,000 OR BY IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.**

**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

**CHALLENGE OF VOTERS: If your eligibility to vote is challenged, you will be allowed to vote a challenged ballot. Although you may believe you are eligible to vote, the polling area is not the place to resolve the issue. Give the Board agent your name and any other information you are asked to provide. After you receive a ballot, go to the voting booth, mark your ballot and fold it so as to keep the mark secret. DO NOT SIGN YOUR BALLOT. Return to the Board agent who will ask you to place your ballot in a challenge envelope, seal the envelope, place it in the ballot box, and leave the polling area. Your eligibility will be resolved later, if necessary.**

**AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.**

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT F: WEST COAST RADIOLOGY – MISSION VIEJO

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology – Mission Viejo, currently located at 27882 Forbes Road, Suite 120, Laguna Niguel, CA 92677, during the payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.

## DATE, TIME AND PLACE OF ELECTION

| | | |
|---|---|---|
| Thursday, October 25, 2018 | 7:30 a.m. to 9:00 a.m. | Break Room<br>West Coast Radiology - Mission Viejo,<br>27882 Forbes Road, Suite 120,<br>Laguna Niguel, CA 92677 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**

For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

SAMPLE

**DO NOT SIGN THIS BALLOT. Fold and drop in the ballot box.**

**If you spoil this ballot, return it to the Board Agent for a new one.**

*The National Labor Relations Board does not endorse any choice in this election. Any markings that you may see on any sample ballot have not been put there by the National Labor Relations Board.*

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

United States of America
National Labor Relations Board

# NOTICE OF ELECTION

## RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

## It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both Employers and Unions to know what is expected of them when it holds an election.

If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

## The National Labor Relations Board protects your right to a free choice.

Improper conduct will not be permitted. All parties are expected to cooperate fully with this Agency in maintaining basic principles of a fair election as required by law.

Anyone with a question about the election may contact the NLRB Office at (213)894-5200 or visit the NLRB website www.nlrb.gov for assistance.

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

**PURPOSE OF ELECTION:** This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.

**SECRET BALLOT:** The election will be by SECRET ballot under the supervision of the Regional Director of the National Labor Relations Board (NLRB). A sample of the official ballot is shown on the next page of this Notice. Voters will be allowed to vote without interference, restraint, or coercion. Electioneering will not be permitted at or near the polling place. Violations of these rules should be reported immediately to an NLRB agent. Your attention is called to Section 12 of the National Labor Relations Act which provides: ANY PERSON WHO SHALL WILLFULLY RESIST, PREVENT, IMPEDE, OR INTERFERE WITH ANY MEMBER OF THE BOARD OR ANY OF ITS AGENTS OR AGENCIES IN THE PERFORMANCE OF DUTIES PURSUANT TO THIS ACT SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $5,000 OR BY IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

**ELIGIBILITY RULES:** Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.

**SPECIAL ASSISTANCE:** Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.

**PROCESS OF VOTING:** Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.

**CHALLENGE OF VOTERS:** If your eligibility to vote is challenged, you will be allowed to vote a challenged ballot. Although you may believe you are eligible to vote, the polling area is not the place to resolve the issue. Give the Board agent your name and any other information you are asked to provide. After you receive a ballot, go to the voting booth, mark your ballot and fold it so as to keep the mark secret. DO NOT SIGN YOUR BALLOT. Return to the Board agent who will ask you to place your ballot in a challenge envelope, seal the envelope, place it in the ballot box, and leave the polling area. Your eligibility will be resolved later, if necessary.

**AUTHORIZED OBSERVERS:** Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT G: ANAHEIM ADVANCED IMAGING

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at Anaheim Advanced Imaging, currently located at 947 S. Anaheim Boulevard, Suite 130, Anaheim, CA 92805, during the payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility *located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.*

## DATE, TIMES AND PLACE OF ELECTION

| | | |
|---|---|---|
| Wednesday, October 24, 2018 | 12:00 p.m. to 1:00 p.m.<br>and<br>2:30 p.m. to 3:30 p.m. | Break Room<br>Anaheim Advanced Imaging,<br>947 S. Anaheim Boulevard,<br>Suite 130,<br>Anaheim, CA 92805 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIM THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**

For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

**DO NOT SIGN THIS BALLOT. Fold and drop in the ballot box.**

**If you spoil this ballot, return it to the Board Agent for a new one.**

The National Labor Relations Board does not endorse any choice in this election. Any markings that you may see on any sample ballot have not been put there by the National Labor Relations Board.

SAMPLE

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

United States of America
National Labor Relations Board

# NOTICE OF ELECTION

## RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

## It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both Employers and Unions to know what is expected of them when it holds an election.

If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

## The National Labor Relations Board protects your right to a free choice.

Improper conduct will not be permitted. All parties are expected to cooperate fully with this Agency in maintaining basic principles of a fair election as required by law.

Anyone with a question about the election may contact the NLRB Office at (213)894-5200 or visit the NLRB website www.nlrb.gov for assistance.

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

**PURPOSE OF ELECTION: This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.**

**SECRET BALLOT: The election will be by SECRET ballot under the supervision of the Regional Director of the National Labor Relations Board (NLRB). A sample of the official ballot is shown on the next page of this Notice. Voters will be allowed to vote without interference, restraint, or coercion. Electioneering will not be permitted at or near the polling place. Violations of these rules should be reported immediately to an NLRB agent. Your attention is called to Section 12 of the National Labor Relations Act which provides: ANY PERSON WHO SHALL WILLFULLY RESIST, PREVENT, IMPEDE, OR INTERFERE WITH ANY MEMBER OF THE BOARD OR ANY OF ITS AGENTS OR AGENCIES IN THE PERFORMANCE OF DUTIES PURSUANT TO THIS ACT SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $5,000 OR BY IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.**

**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

**CHALLENGE OF VOTERS: If your eligibility to vote is challenged, you will be allowed to vote a challenged ballot. Although you may believe you are eligible to vote, the polling area is not the place to resolve the issue. Give the Board agent your name and any other information you are asked to provide. After you receive a ballot, go to the voting booth, mark your ballot and fold it so as to keep the mark secret. DO NOT SIGN YOUR BALLOT. Return to the Board agent who will ask you to place your ballot in a challenge envelope, seal the envelope, place it in the ballot box, and leave the polling area. Your eligibility will be resolved later, if necessary.**

**AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.**

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT H: WEST COAST RADIOLOGY - IRVINE

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology - Irvine, currently located at 16300 Sand Canyon Avenue, Suite 102, Irvine, CA 92618, during the payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.

**DATE, TIMES AND PLACE OF ELECTION**

| | | |
|---|---|---|
| Thursday, October 25, 2018 | 11:30 a.m. to 1:00 p.m.<br>and<br>5:00 p.m. to 6:30 p.m. | Medical Records Room<br>West Coast Radiology - Irvine,<br>16300 Sand Canyon Avenue, Suite 102,<br>Irvine, CA 92618 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**
For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

SAMPLE

**DO NOT SIGN THIS BALLOT. Fold and drop in the ballot box.**
**If you spoil this ballot, return it to the Board Agent for a new one.**
The National Labor Relations Board does not endorse any choice in this election. Any markings that you may see on any sample ballot have not been put there by the National Labor Relations Board.

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
(4-2015)

United States of America
National Labor Relations Board

# NOTICE OF ELECTION

## RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

## It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both Employers and Unions to know what is expected of them when it holds an election.

If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

## The National Labor Relations Board protects your right to a free choice.

Improper conduct will not be permitted. All parties are expected to cooperate fully with this Agency in maintaining basic principles of a fair election as required by law.

Anyone with a question about the election may contact the NLRB Office at (213)894-5200 or visit the NLRB website www.nlrb.gov for assistance.

WARNING: This is the only official notice of this election and must not be defaced by anyone. Any markings that you may see on any sample ballot or anywhere on this notice have been made by someone other than the National Labor Relations Board, and have not been put there by the National Labor Relations Board. The National Labor Relations Board is an agency of the United States Government, and does not endorse any choice in the election.

Form NLRB-707
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# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

**PURPOSE OF ELECTION: This election is to determine the representative, if any, desired by the eligible employees for purposes of collective bargaining with their employer. A majority of the valid ballots cast will determine the results of the election. Only one valid representation election may be held in a 12-month period.**

**SECRET BALLOT: The election will be by SECRET ballot under the supervision of the Regional Director of the National Labor Relations Board (NLRB). A sample of the official ballot is shown on the next page of this Notice. Voters will be allowed to vote without interference, restraint, or coercion. Electioneering will not be permitted at or near the polling place. Violations of these rules should be reported immediately to an NLRB agent. Your attention is called to Section 12 of the National Labor Relations Act which provides: ANY PERSON WHO SHALL WILLFULLY RESIST, PREVENT, IMPEDE, OR INTERFERE WITH ANY MEMBER OF THE BOARD OR ANY OF ITS AGENTS OR AGENCIES IN THE PERFORMANCE OF DUTIES PURSUANT TO THIS ACT SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $5,000 OR BY IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.**

**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

**CHALLENGE OF VOTERS: If your eligibility to vote is challenged, you will be allowed to vote a challenged ballot. Although you may believe you are eligible to vote, the polling area is not the place to resolve the issue. Give the Board agent your name and any other information you are asked to provide. After you receive a ballot, go to the voting booth, mark your ballot and fold it so as to keep the mark secret. DO NOT SIGN YOUR BALLOT. Return to the Board agent who will ask you to place your ballot in a challenge envelope, seal the envelope, place it in the ballot box, and leave the polling area. Your eligibility will be resolved later, if necessary.**

**AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.**

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT I: WEST COAST RADIOLOGY - SOUTH COAST

**EMPLOYEES ELIGIBLE TO VOTE:**
Those eligible to vote are: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology – South Coast, currently located at 2620 S. Bristol Street, Santa Ana, CA 92705, during the payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EMPLOYEES NOT ELIGIBLE TO VOTE:**
Those not eligible to vote are: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

**BALLOT COUNT:** The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.

## DATE, TIME AND PLACE OF ELECTION

| | | |
|---|---|---|
| Thursday, October 25, 2018 | 11:30 a.m. to 12:30 p.m. | Break Room<br>West Coast Radiology - South Coast,<br>2620 S. Bristol Street,<br>Santa Ana, CA 92705 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**

For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

**DO NOT SIGN THIS BALLOT. Fold and drop in the ballot box.**

**If you spoil this ballot, return it to the Board Agent for a new one.**

The National Labor Relations Board does not endorse any choice in this election. Any markings that you may see on any sample ballot have not been put there by the National Labor Relations Board.

SAMPLE

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# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

## RIGHTS OF EMPLOYEES - FEDERAL LAW GIVES YOU THE RIGHT TO:

- Form, join, or assist a union
- Choose representatives to bargain with your employer on your behalf
- Act together with other employees for your benefit and protection
- Choose not to engage in any of these protected activities
- In a State where such agreements are permitted, the Union and Employer may enter into a lawful union-security agreement requiring employees to pay periodic dues and initiation fees. Nonmembers who inform the Union that they object to the use of their payments for nonrepresentational purposes may be required to pay only their share of the Union's costs of representational activities (such as collective bargaining, contract administration, and grievance adjustment).

## It is the responsibility of the National Labor Relations Board to protect employees in the exercise of these rights.

The Board wants all eligible voters to be fully informed about their rights under Federal law and wants both Employers and Unions to know what is expected of them when it holds an election.

If agents of either Unions or Employers interfere with your right to a free, fair, and honest election the election can be set aside by the Board. When appropriate, the Board provides other remedies, such as reinstatement for employees fired for exercising their rights, including backpay from the party responsible for their discharge.

## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

## The National Labor Relations Board protects your right to a free choice.

Improper conduct will not be permitted. All parties are expected to cooperate fully with this Agency in maintaining basic principles of a fair election as required by law.

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Form NLRB-707
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# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

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**ELIGIBILITY RULES: Employees eligible to vote are those described under the VOTING UNIT on the next page and include employees who did not work during the designated payroll period because they were ill or on vacation or temporarily laid off, and also include employees in the military service of the United States who appear in person at the polls. Employees who have quit or been discharged for cause since the designated payroll period and who have not been rehired or reinstated prior to the date of this election are *not* eligible to vote.**

**SPECIAL ASSISTANCE: Any employee or other participant in this election who has a handicap or needs special assistance such as a sign language interpreter to participate in this election should notify an NLRB Office as soon as possible and request the necessary assistance.**

**PROCESS OF VOTING: Upon arrival at the voting place, voters should proceed to the Board agent and identify themselves by stating their name. The Board agent will hand a ballot to each eligible voter. Voters will enter the voting booth and mark their ballot in secret. DO NOT SIGN YOUR BALLOT. Fold the ballot before leaving the voting booth, then personally deposit it in a ballot box under the supervision of the Board agent and leave the polling area.**

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**AUTHORIZED OBSERVERS: Each party may designate an equal number of observers, this number to be determined by the NLRB. These observers (a) act as checkers at the voting place and at the counting of ballots; (b) assist in identifying voters; (c) challenge voters and ballots; and (d) otherwise assist the NLRB.**

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## VOTING UNIT J: WEST COAST RADIOLOGY – SANTA ANA

## DATE, TIMES AND PLACE OF ELECTION

| | | |
|---|---|---|
| Wednesday, October 24, 2018 | 11:30 a.m. to 1:00 p.m.<br>and<br>5:00 p.m. to 6:30 p.m. | Conference Room in Medical Records Department<br>West Coast Radiology - Santa Ana,<br>1100-A, N. Tustin Avenue,<br>Santa Ana, CA 92705 |

**EMPLOYEES ARE FREE TO VOTE AT ANY TIME THE POLLS ARE OPEN.**

### VOTING GROUP – UNIT J-1 (PROFESSIONAL UNIT):

**INCLUDED:** All full-time, regular part-time, and per-diem registered nurse (RN) employees employed by the Employer at West Coast Radiology – Santa Ana, currently located at 1100-A, N. Tustin Avenue, Santa Ana, CA 92705, during payroll period ending September 28, 2018.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EXCLUDED:** All other employees, service employees, office clerical employees, confidential employees, other professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

### VOTING GROUP – UNIT J-2 (NON-PROFESSIONAL UNIT):

**INCLUDED:** All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology – Santa Ana, currently located at 1100-A, N. Tustin Avenue, Santa Ana CA 92705.

Also eligible to vote are all employees in the unit who have worked an average of 4 hours or more per week during the 13 weeks immediately preceding the eligibility date for the election.

**EXCLUDED:** All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

### BALLOT COUNT:

The ballots will be counted as soon as possible after 6:30 p.m. on October 25, 2018 at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, California 92705.

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(4-2015)

# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

## BALLOT FOR VOTING GROUP - UNIT J-1 (PROFESSIONAL UNIT)

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**
**OFFICIAL SECRET BALLOT**
For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be included with nonprofessional employees in a unit for the purposes of collective bargaining?

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

**DO NOT SIGN THIS BALLOT. Fold and drop in the ballot box.**
**If you spoil this ballot, return it to the Board Agent for a new one.**

The National Labor Relations Board does not endorse any choice in this election. Any markings that you may see on any sample ballot have not been put there by the National Labor Relations Board.

SAMPLE

**If a majority of the professional employees voting in Unit J-1 vote "Yes" to the first question, indicating their desire to be included in a unit with non-professional employees, they will be so included, and their votes on the second question will be counted together with the votes of the non-professional employees in Unit J-2 to decide the question concerning representation for the overall unit consisting of the employees in Units J-1 and J-2. If on the other hand, a majority of the professional employees voting in Unit J-1 do not vote "Yes" to the first question, their ballots will be counted separately to decide the question concerning representation in a separate Unit J-1.**

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# United States of America
# National Labor Relations Board

# NOTICE OF ELECTION

**BALLOT FOR VOTING GROUP - UNIT J-2 (NON-PROFESSIONAL UNIT)**

**UNITED STATES OF AMERICA**
National Labor Relations Board
**21-RC-226166**

**OFFICIAL SECRET BALLOT**
For certain employees of
**RADNET MANAGEMENT, INC.**

Do you wish to be represented for purposes of collective bargaining by
**NATIONAL UNION OF HEALTHCARE WORKERS?**

**MARK AN "X" IN THE SQUARE OF YOUR CHOICE**

| YES | NO |
|---|---|
| ☐ | ☐ |

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Form NLRB-707
(4-2015)

# United States of America
# National Labor Relations Board
# NOTICE OF ELECTION

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- Choose not to engage in any of these protected activities
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## The following are examples of conduct that interfere with the rights of employees and may result in setting aside of the election:

- Threatening loss of jobs or benefits by an Employer or a Union
- Promising or granting promotions, pay raises, or other benefits, to influence an employee's vote by a party capable of carrying out such promises
- An Employer firing employees to discourage or encourage union activity or a Union causing them to be fired to encourage union activity
- Making campaign speeches to assembled groups of employees on company time, where attendance is mandatory, within the 24-hour period before the polls for the election first open or the mail ballots are dispatched in a mail ballot election
- Incitement by either an Employer or a Union of racial or religious prejudice by inflammatory appeals
- Threatening physical force or violence to employees by a Union or an Employer to influence their votes

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UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
REGION 21

| | | |
|---|---|---|
| RADNET MANAGEMENT, INC.<br><br>Employer<br><br>*and*<br><br>NATIONAL UNION OF HEALTHCARE WORKERS<br><br>Petitioner | : | Case No.<br>21-RC-226166 |

**EMPLOYER'S OBJECTIONS TO ELECTION AT WEST COAST RADIOLOGY – SOUTH COAST**

Pursuant to Section 102.69 of the Rules and Regulations of the National Labor Relations Board (hereafter, the "Board"), as amended, RadNet Management, Inc. d/b/a West Coast Radiology – South Coast (hereafter, the "Employer") hereby submits the below Objections relative to the Election (hereafter, the "Election") held in the above-captioned case on October 25, 2018 in Santa Ana, California in a unit consisting of assorted Technical classifications (hereafter, the "Technical Unit"). The results of the Election, as recorded on the Tally of Ballots issued by the Board on October 25, 2018, were two (2) votes cast for the National Union of Healthcare Workers (hereafter, "NUWH" or the Union") and one (1) vote cast against the Union, in a unit of approximately three (3) eligible voters.

## OBJECTIONS TO THE CONDUCT OF THE ELECTION

(1) The Election was conducted in violation of Section 9(b)(3) of the National Labor Relations Act, as amended, 29 U.S.C. §§ 151 *et seq*. (hereafter, the "Act"), given the fact the Technical Unit included statutory "guards" and the NUHW admits to membership employees other than guards.

(2) Upon the conclusion of the Election, the Board Agent assigned to the Election did not count the ballots and prepare a Tally of Ballots. See *e.g.*, Board's Rules and Regulations, § 102.69 (a) ("[u]pon the conclusion of the election the ballots will be counted and a tally of ballots prepared and immediately made available to the parties"). Instead, the Board Agent impounded the ballots, which was an action unsupported by any applicable legal authority. The Election, therefore, was conducted in violation of the agency's own Rules and Regulations. Additionally, the impoundment of the ballots and the delayed preparation of the Tally of Ballots constituted arbitrary, capricious and / or discriminatory action in violation of the Administrative Procedure Act, 5 U.S.C. §§ 551 *et seq*. (hereafter, the "APA").

(3) Like the Board Agent assigned to the Election, the Board Agents assigned to the other elections that took place in the above-captioned case did not, upon the conclusion of these other elections, count the ballots and prepare a Tally of Ballots. Instead, these Board Agents also impounded the ballots. The Election, therefore, was conducted in violation of Section 9(b)(3) of the Act and PCC

Structurals, Inc., 365 NLRB No. 160 (2017), insofar as the impoundment of the ballots at these other elections did not assure to the Employer's employees the fullest freedom in the exercise of their rights under the Act.

(4) Like the Board Agent assigned to the Election, the Board Agents assigned to the other elections that took place in the above-captioned case did not, upon the conclusion of these other elections, count the ballots and prepare a Tally of Ballots. Instead, these Board Agents also impounded the ballots. The Election, therefore, was conducted in violation of Section 8(c) of the Act, insofar as the impoundment of the ballots at these other elections restricted the Employer's "free speech" rights.

(5) As part of the Decision and Direction of Election that was issued in the above-captioned case, the Regional Director concluded that the Union had not proven the appropriateness of the petitioned-for, multi-facility bargaining unit. At the same time, the Regional Director concluded that single-facility units were presumptively appropriate, and given the Union's stated willingness to proceed to an election in any alternative units deemed appropriate, ordered facility-by-facility elections. However, as actually conducted by the Regional Director, the elections in the above-captioned case were treated by the Regional Director as a *de facto* single election. Consequently, the laboratory conditions necessary for a valid election were destroyed.

(6) The Election was conducted subject to and in accordance with the Board's revised election rules, which violate the Act, the APA, and the public policy considerations underlying a number of other federal statutes.

**OBJECTIONS TO CONDUCT AFFECTING THE RESULTS OF THE ELECTION**

(1) NUHW failed to disclose to eligible voters the Union's affiliation with the International Association of Machinists and Aerospace Workers, an agent of the Union, and by such omission, engaged in a material misrepresentation regarding the Union's proposed representation of employees.

Dated: November 1, 2018
Glastonbury, CT

Respectfully Submitted,

/s/ Bryan T. Carmody

Bryan T. Carmody
CARMODY & CARMODY, LLP
134 Evergreen Lane
Glastonbury, CT 06033
(203) 249-9287
bcarmody@carmodyandcarmody.com

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
REGION 21

| | | |
|---|---|---|
| RADNET MANAGEMENT, INC.<br><br>Employer<br><br>*and*<br><br>NATIONAL UNION OF HEALTHCARE WORKERS<br><br>Petitioner | : | Case No.<br>21-RC-226166 |

**CERTIFICATE OF SERVICE**

I hereby certify that, on November 1, 2018, a true and correct copy of the above document was served upon the following *via* electronic mail:

Florice Hoffman
Law Office of Florice Hoffman
Attorney for Petitioner
8502 East Chapman Avenue, Suite 353
Orange, California
(714) 282-1179
fhoffman@socal.rr.com

Dated: November 1, 2018
Glastonbury, CT

Respectfully Submitted,

/s/ Bryan T. Carmody

Bryan T. Carmody
CARMODY & CARMODY, LLP
134 Evergreen Lane
Glastonbury, CT 06033

(203) 249-9287
bcarmody@carmodyandcarmody.com

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
REGION 21

| | | |
|---|---|---|
| RADNET MANAGEMENT, INC. | : | |
| Employer | : | Case No. 21-RC-226166 |
| *and* | : | |
| NATIONAL UNION OF HEALTHCARE WORKERS | : | |
| Petitioner | : | |

**EMPLOYER'S OFFER OF PROOF IN SUPPORT OF OBJECTIONS TO ELECTION AT WEST COAST RADIOLOGY – SOUTH COAST**

Pursuant to Section 102.69 of the Rules and Regulations of the National Labor Relations Board (hereafter, the "Board"), as amended, RadNet Management, Inc. d/b/a West Coast Radiology – South Coast (hereafter, the "Employer") hereby submits the below Offer of Proof in support of its Objections relative to the Election (hereafter, the "Election") held in the above-captioned case on October 25, 2018 in Santa Ana, California in a unit consisting of assorted Technical classifications (hereafter, the "Technical Unit"). The results of the Election, as recorded on the Tally of Ballots issued by the Board on October 25, 2018, were two (2) votes cast for the National Union of Healthcare Workers (hereafter,

"NUWH" or the Union") and one (1) vote cast against the Union, in a unit of approximately three (3) eligible voters.

**OBJECTIONS TO THE CONDUCT OF THE ELECTION**

(1) In support of Objection No. 1, the Employer would present testimony from Dr. Hiendrick Vartani, the Employer's Medical and Health Physicist, whose testimony would be substantially the same as the testimony he offered in the above-captioned case on September 4, 2018 in connection with the pre-election hearing before Hearing Officer Stephen Simmons. The Employer would also present substantially the same documentation that was received into the record, *via* Dr. Vartani's testimony, in connection with the same pre-election hearing before Mr. Simmons.

(2) In support of Objection No. 2, the Employer would present testimony from Sue Marriott, who, for purposes of Objection No. 2, is an agent of the Employer and would testify that, upon the conclusion of the Election, the Board Agent assigned to the Election did not count the ballots or prepare a Tally of Ballots, but rather, impounded the ballots.

(3) In support of Objection No. 3, the Employer would present testimony from, amongst others, Diana Miller and Luke Lumequed, who were eligible to vote in the elections at West Coast Radiology – Santa Ana and Orange Advanced Imaging, respectively, and would testify that, before

they voted in their given election, they would have preferred to have known the outcome of any of the other elections that took place in the above-referenced case and viewed such information as relevant to the exercise of their rights under the National Labor Relations Act (hereafter, the "Act"). Based upon their testimony, the Employer would request that the Regional Director infer that, before they voted in the Election, the Employer's employees would have preferred to have known the outcome of any of the other elections that took place in the above-referenced case and viewed such information as relevant to the exercise of their rights under the Act.

(4) In support of Objection No. 4, the Employer would present testimony from Sue Marriott, who, for purposes of Objection No. 4, is an agent of the Employer and would testify that the Employer had the desire to communicate with the Employer's employees in connection with the outcomes of the other elections that took place in the above-referenced case, but was unable to do so by virtue of the impoundment of the ballots, and viewed the absence of the opportunity as a substantial and prejudicial restriction on the Employer's rights under Section 8(c) of the Act.

(5) In support of Objection No. 5, as a preliminary matter, the Employer would offer into evidence the Decision and Direction of Election that issued in the above-referenced case and called for ten (10) separate

elections taking place at ten (10) separate work locations. The Employer would then present testimony from Sue Marriott, who, for purposes of Objection No. 5 is an agent of the Employer and would testify that, upon the conclusion of the elections that took place in the above-captioned case, the Board Agents assigned to the elections did not count the ballots or prepare a Tally of Ballots, but rather, impounded the ballots. The Employer would also present evidence from Cindy Weisling, who, for purposes of Objection No. 5, is an agent of the Employer and would testify that, during the pre-election conference for the election that took place at West Coast Radiology – Santa Ana, the Board Agent directed her to review and sign, and she did review and sign, the Voter Lists for all of the elections that took place in the above-referenced case.

(6) In support of Objection No. 6, the Employer would offer into evidence the Voter List for the Technical Unit, which includes employees' private contact information. In the absence of a stipulation, the Employer would present testimony from Sophia Mendoza, an agent of the Union, to the effect the Union received the Voter List for the Technical Unit.

**OBJECTIONS TO CONDUCT AFFECTING THE RESULTS OF THE ELECTION**

(1) In support of Objection No. 1, the Employer would show that, upon information and belief, organizers employed by the International Association of Machinists and Aerospace Workers (hereafter, "IAMAW") attended, for and on behalf of NUHW, some of the pre-election conferences and other events related to the elections that took place in the above-captioned case. The Employer would also show that, as part of the organizing campaign, NUHW used campaign materials generated by IAMAW and logos that are commonly associated with IAMAW.

Additionally, the Employer would present documentary evidence of the affiliation between NUHW and IAMAW, including the labor organizations' announcement of an affiliation in 2012, and evidence of joint training, joint political campaigning, joint press releases and joint organizing efforts that occurred as recently as 2017. The Employer would also intend to subpoena representatives of both NUHW and IAMAW to supplement the evidence of the labor organizations' affiliation that already exists.

The Employer would also show that IAMAW organizers are awarded cash incentives for organizing employees, which may have included the employees who comprised the Technical Unit. The Employer would also prove by documentary evidence that IAMAW has been accused of engaging

in unfair labor practices and has engaged in strikes of various durations. The Employer would then call employees to testify regarding whether they consider such information material to their decision as to whether or not to be represented by NUHW, given that the Union is affiliated with IAMAW.

Finally, the Employer would show that none of the facts summarized above were disclosed by the Union to the employees who comprised the Technical Unit.

Dated: November 5, 2018
Glastonbury, CT

Respectfully Submitted,

/s/ Bryan T. Carmody

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**UNITED STATES OF AMERICA**
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**
**REGION 21**

**RADNET MANAGEMENT, INC.**

**Employer**

**and**

**NATIONAL UNION OF HEALTHCARE WORKERS**

**Petitioner**

**Case 21-RC-226166**
**Unit I: West Coast Radiology – South Coast**

**DECISION ON OBJECTIONS,**
**ORDER DIRECTING HEARING, AND**
**NOTICE OF HEARING TO BE DETERMINED**
**UNIT I: WEST COAST RADIOLOGY – SOUTH COAST**

For the reasons set forth below, the Employer's objections are overruled, and a hearing is ordered on the issue of the Employer cessation of operations in Unit I: West Coast Radiology – South Coast.

Based on a petition filed on August 23, 2018, the National Union of Healthcare Workers (Petitioner) sought to represent certain employees of RadNet Management, Inc. (Employer) in a unit of multiple facilities located throughout Orange County, California. Pursuant to a Decision and Direction of Election (DDE), separate single-facility units were found to be appropriate instead of the petitioned-for multi-facility unit and elections were directed in these separate units. On October 25, 2018, an election was conducted at the Employer's facility in Santa Ana, California to determine whether employees of the Employer at that facility wished to be represented by the Petitioner for the purposes of collective bargaining. That voting unit, designated by the DDE as Unit I: West Coast Radiology – South Coast, consisted of:

Included: All full-time, regular part-time, and per-diem Technological employees employed by the Employer at West Coast Radiology – South Coast, currently located at 2620 S. Bristol Street, Santa Ana, CA 92705.

Excluded: All other employees, service employees, office clerical employees, confidential employees, professional employees, physicians, already represented employees, managerial employees, guards, and supervisors as defined in the Act.

The tally of ballots prepared following the conclusion of the election showed that of the approximately 3 eligible voters, 2 votes were cast for and 1 vote was cast against the Petitioner. There were no challenged ballots.

## THE OBJECTIONS

On November 1, 2018, the Employer filed timely objections to the conduct of the election as well as conduct affecting the results of the election.

### Objection No. 1

> The Election was conducted in violation of Section 9(b)(3) of the National Labor Relations Act, as amended, 29 U.S.C. §§ 151 *et seq*. (hereafter, the "Act"), given the fact the unit included statutory "guards" and the NUHW admits to membership employees other than guards.

In support of Objection No. 1, the Employer would present Medical and Health Physicist Dr. Hiendrick Vartani, who would testify substantially the same as he did on September 4, 2018 in the pre-election hearing in this case. The Employer also would present substantially the same documentary evidence that was received into the record in connection with the pre-election hearing.

The Petitioner denies the alleged objectionable conduct in Objection No. 1.

### Analysis

The DDE issued by the undersigned on October 10, 2018 fully considered the record evidence concerning whether certain employees in the unit were guards within the meaning of the Act. Based on the totality of that evidence, it was determined that the Employer had not met its burden of showing that the employees at issue were guards within the meaning of the Act. Because the Employer does not raise any additional evidence in support of Objection No. 1 that was not already considered in the pre-election decision, such evidence would not constitute grounds for setting aside the election if introduced at a post-election hearing.

Accordingly, Objection No. 1 is overruled.

### Objection No. 2

> Upon the conclusion of the Election, the Board Agent assigned to the Election did not count the ballots and prepare a Tally of Ballots. See *e.g.*, Board's Rules and Regulations, § 102.69 (a) ("[u]pon the conclusion of the election the ballots will be counted and a tally of ballots prepared and immediately made available to the parties"). Instead, the Board Agent impounded the ballots, which was an action unsupported by any applicable legal authority. The Election, therefore, was conducted in violation of the agency's own Rules and Regulations. Additionally, the impoundment of the ballots and the delayed preparation of the Tally of Ballots constituted arbitrary, capricious and/or discriminatory action in violation of the Administrative Procedure Act, 5 U.S.C. §§ 551 *et seq*. (hereafter, the "APA").

**Objection No. 3**

> Like the Board Agent assigned to the Election, the Board Agents assigned to the other elections that took place in the above-captioned case did not, upon the conclusion of these other elections, count the ballots and prepare a Tally of Ballots. Instead, these Board Agents also impounded the ballots. The Election, therefore, was conducted in violation of Section 9(b)(3) of the Act and *PCC Structurals, Inc.*, 365 NLRB No. 160 (2017), insofar as the impoundment of the ballots at these other elections did not assure to the Employer's employees the fullest freedom in the exercise of their rights under the Act.

**Objection No. 4**

> Like the Board Agent assigned to the Election, the Board Agents assigned to the other elections that took place in the above-captioned case did not, upon the conclusion of these other elections, count the ballots and prepare a Tally of Ballots. Instead, these Board Agents also impounded the ballots. The Election, therefore, was conducted in violation of Section 8(c) of the Act, insofar as the impoundment of the ballots at these other elections restricted the Employer's "free speech" rights.

**Objection No. 5**

> As part of the Decision and Direction of Election that was issued in the above-captioned case, the Regional Director concluded that the Union had not proven the appropriateness of the petitioned-for, multi-facility bargaining unit. At the same time, the Regional Director concluded that single-facility units were presumptively appropriate, and given the Union's stated willingness to proceed to an election in any alternative units deemed appropriate, ordered facility-by-facility elections. However, as actually conducted by the Regional Director, the elections in the above-captioned case were treated by the Regional Director as a *de facto* single election. In the process, the Employer's due process rights were violated and, given the arbitrary, capricious and/or discriminatory nature of the conduct, the APA was violated as well.

Because they are substantially related, Objections No. 2, 3, 4, and 5 will be considered together.

In support of Objection No. 2, the Employer would present an agent of the Employer, Sue Marriott, who would testify that, upon the conclusion of the election, the Board agent assigned to the election did not count the ballots or prepare a tally of ballots, but rather, impounded the ballots.

In support of Objection No. 3, the Employer would present Employee A, an eligible voter at Unit J-2 (Non-Professional): West Coast Radiology – Santa Ana, and Employee B, an eligible voter at Unit C: Orange Advanced Imaging. Employees A and B would testify that they would have preferred to have known the outcome of any of the other elections that took place in this case before they voted in their given elections. Employees A and B, according to the Employer, would testify that such information was relevant to the exercise of their rights under the Act.[1] The Employer would request that based upon the testimony of Employees A and B, the undersigned should infer that its employees would have preferred to know the outcome of any of the other elections that took place in this case before they voted in their elections.

In support of Objection No. 4, the Employer would present Employer Agent Marriott, who would testify that the Employer had the desire to communicate with its employees in connection with the outcomes of the other elections that took place in this case but was unable to do so by virtue of the impoundment of the ballots. The Employer viewed the absence of this opportunity as a substantial and prejudicial restriction on its rights under Section 8(c).

In support of Objection No. 5, the Employer would offer into evidence the DDE in this case, which called for 10 separate elections taking place at 10 separate work locations. The Employer would present Employer Agent Marriott, who would testify that upon the conclusion of the elections that took place in this case, the Board agents assigned to the elections did not count the ballots or prepare a tally of ballots, but rather, impounded the ballots. The Employer would also present Employer Agent Cindy Weisling, who would testify that during the pre-election conference for the election that took place at Units J-1 (Professional) and J-2 (Non-Professional): West Coast Radiology – Santa Ana, the Board agent directed Weisling to review and sign, and she did review and sign, the voter lists for all of the elections that took place in this case.

The Petitioner denies the alleged objectionable conduct in Objections No. 2, 3, 4, and 5.

## Analysis

The DDE in this case concluded that the Petitioner failed to meet its burden of showing that its petitioned-for multi-facility unit was appropriate for collective bargaining. As the Petitioner was willing to proceed to an election in any alternative unit and the Employer argued that single-facility units at each facility were presumptively appropriate, the undersigned found that single-facility units were presumed to be appropriate and ordered separate elections at each facility. Specifically, separate units lettered A through J were found to constitute appropriate units for the purposes of collective bargaining. Unit J was divided further into Unit J-1 (Professional) and Unit J-2 (Non-Professional) because that unit included professional employees and non-professional employees. *Sonotone Corp.*, 181 NLRB 830 (1970).

[1] Employees A and B were eligible to vote in Unit J-2 and Unit C, respectively, where the elections took place on the first day of elections on October 24, 2018 from 11:30 a.m. to 1:00 p.m. and 5:00 p.m. to 6:30 p.m. The only elections that could have concluded prior to Employees A and B voting in their elections, the results of which they might have known, could have been Unit B, which finished at 1:00 p.m. on October 24, 2018 and was won by the Petitioner, or Unit G, which finished at 3:30 p.m. and also was won by the Petitioner.

Separate elections were directed in each of the different units A through J. Five elections, including the *Sonotone* election in Unit J, were conducted on October 24, 2018 and five elections were conducted on October 25, 2018. The last elections were completed by 6:30 p.m. on October 25, 2018. The DDE provided that at the conclusion of each election, the ballots would be impounded and then, at the conclusion of the final polling period at the final election, the ballots would be counted for each separate voting unit. Pursuant to the DDE, the ballots for each separate unit were scheduled to be counted as soon as possible after 6:30 p.m. on October 25, 2018, at the Employer's facility located at 1100-A, N. Tustin Avenue, Santa Ana, CA 92705. On October 25, 2018, the ballots were counted in each voting unit and tallies of ballots immediately were provided to the parties.

Section 102.69(a) of the Board's Rules and Regulations provides that ballots will be counted upon the conclusion of the election and a tally of ballots prepared and immediately made available to the parties. Section 11340 of NLRB Casehandling Manual (Part Two) Representation Proceedings provides that the count of ballots should take place as soon as possible after the close of voting. The Board delegates powers to its regional directors under Section 3(b) of the Act to direct elections under Section 9(c). Election arrangements are within the discretion of the regional director. *Manchester Knitted Fashions, Inc.*, 108 NLRB 1366 (1954); *Halliburton Services*, 265 NLRB 1154 (1982); *Odebrecht Contractors of Florida, Inc.*, 326 NLRB 33 (1998); *CEVA Logistics U.S. Inc.*, 357 NLRB 628 (2011).

In *Independent Rice Mill, Inc.*, 111 NLRB 536 (1955), the regional director directed elections in a consolidated proceeding involving six companies and the same union. Elections were directed at three companies on November 10, 1954, and the other three companies on November 16, 1954. The earlier ballots were impounded and counted after the completion of the later elections. The objecting employer, which was one of the companies where an election was conducted on November 10, 1954, asserted that the regional director acted improperly by impounding the ballots from the earlier elections. The regional director stated that he impounded the earlier ballots to prevent "chain voting" and "to avoid placing either the employers or the union at any disadvantage by announcing the results of the balloting of November 10, 1954, prior to the completion of the November 16, 1954 elections." The Board at 537 adopted the regional director's recommendation to dismiss the employer's objection, "in view of the Board's long-established policy, absent unusual circumstances, not to interfere with the regional director in the exercise of his discretion in making arrangements with respect to the conduct of elections and the counting of ballots." In *Nathan Katz Realty, LLC v. NLRB*, 251 F.3d 981 (D.C. Cir. 2001) the DC Circuit remanded to the Board an objection over impounding the ballots at one unit with an earlier election and waiting to count those ballots until after the later election in a different unit. In that case, the DC Circuit sought an explanation about what was "unfair" about releasing the results of one election before another election.

The Employer cited no legal authority or argument to support the assertion that participants involved in a voting unit somehow have a right to know the outcome of an election in another separate voting unit. [2] It is noteworthy that the Employer in this case prevailed in its

[2] The Employer cited *PCC Structurals* in its objections, but that case does not stand for the proposition that participants have a right to know the outcome of an election in a separate voting unit.

argument at the pre-election hearing that each facility constituted a completely separate appropriate single-facility unit that did not share a community of interest with the other single-facility units. Consequently, the Employer's objections create a paradox where the Employer attempts to argue on the one hand that participants are entitled to know the outcome of other elections before participating in their election, yet the participants in one election share no community of interest with the participants in the other elections. Even assuming participants in an election in a completely separate voting unit somehow had a right to know the outcome in other elections in separate voting units where they shared no community of interest, by this same logic would not the participants in the other elections also have an equal right to know the outcome of the other elections? Trying to accommodate this illogical proposition would pose a challenge, since there would be no way of making sure every participant in every election knew the outcome of every other election before voting in their election. Hence, it is obvious why the Employer lacks any convincing legal authority to support its argument.

Notwithstanding the Employer's paradoxical arguments, in this case it is undisputed that the undersigned exercised his discretion by deviating from the typical practice and scheduled the ballot counts for each unit to take place as soon as possible after 6:30 p.m. on October 25, 2018, following the conclusion of the final polling period at the final election.[3] In this manner, the outcome of any election where the polls closed on October 24, 2018 (Units B, C, E, G, J-1, and J-2) or prior to 6:30 p.m. on October 25, 2018 (Units F and I), was unknown to *anyone* until after 6:30 p.m. on October 25, 2018, when the ballots were counted in all of the units. The earliest-completed election involved Unit B, which finished at 1:00 p.m. on October 24, 2018. The last-completed elections involved Units A, D, and H, which finished at 6:30 p.m. on October 25, 2018.

This matter presented highly unusual circumstances, given the fact that 10 separate elections were directed at 10 separate facilities, which were to be held on the earliest dates practicable in a manner consistent with the election arrangements proposed by the parties during the pre-election hearing. Using a similar rationale as the one expressed by the regional director and adopted by the Board in *Independent Rice Mill*, the ballot counts in this case were scheduled on a single date in a single location, so that *no one*, not the Petitioner, Employer, employees, Board agents, or third parties, would know the outcome of *any* of the earlier elections. In this manner, *everyone* would know the outcomes of *all* elections at the same time. Consequently, neither the Petitioner nor the Employer could file objections over the outcome of one election based upon knowledge of the result of another election. Moreover, no employee, Petitioner agent, Employer agent, Board agent, or third party, could disseminate any information about the results of any of the elections until after all the elections were concluded. One important factor the Board considers in evaluating whether misconduct has the tendency to interfere with freedom of choice is the extent of dissemination of the misconduct among the bargaining unit employees. See, e.g. *Archer Services*, 298 NLRB 312, 34 (1990).

[3] The undersigned also considered the administrative efficiency attributed to scheduling the ballot counts in this manner, since it allowed all parties and their representatives to be present at one designated time in one centralized location to observe the ballot counts for all of the elections and receive the tallies of ballots for all of the elections.

On balance, the undersigned concluded that knowing the outcome of earlier-completed elections before all the elections were completed did not outweigh the potential for that information to be disseminated in an objectionable manner by either of the parties or its agents. For example, the Petitioner won all but one of the elections that were held on October 24, 2018 (Units B, C, E, G, and J-2 (Non-Professional)), with its only loss coming in Unit J-1 (Professional). The Petitioner could have disseminated news of its first-day election victories prior to October 25, 2018 and depending upon how the Petitioner or its agents might have shared this news, it could have interfered with the freedom of choice of the voters in the elections on October 25, 2018. However, no such misconduct was possible based upon the manner in which the ballot counts were scheduled.

Notwithstanding the Employer's argument to the contrary, the discretion exercised by the undersigned in directing these elections and scheduling the ballot counts based upon the rationale described above would not constitute grounds for setting aside the election if introduced at a post-election hearing.

Accordingly, Objections No. 2, 3, 4, and 5 are overruled.

**Objection No. 6**

> The Election was conducted subject to and in accordance with the Board's revised election rules, which violate the Act, the APA, and the public policy considerations underlying a number of other federal statutes.

In support of Objection No. 6, the Employer would offer into evidence the voter list for the unit, which includes employees' private contact information. In the absence of a stipulation, the Employer also would present testimony from Petitioner Agent Sophia Mendoza to the effect the Petitioner received the voter list for the unit.

The Petitioner denies the alleged objectionable conduct in Objection No. 6.

**Analysis**

The Employer challenged the validity of the Board's amendments to its representation-case procedures at the pre-election hearing and was allowed to make an offer of proof on the record and to argue this issue in its post-hearing brief. The undersigned declined to permit litigation on this issue at the pre-election hearing because the Board already considered and rejected such arguments concerning the validity of the amendments to its representation-case procedures. Reconsideration of this issue in a post-election hearing is unwarranted, as Objection No. 6 would not constitute grounds for setting aside the election.

Accordingly, Objection No. 6 is overruled.

**Objection No. 7**

> NUHW failed to disclose to eligible voters the Union's affiliation with the International Association of Machinists and Aerospace Workers, an agent

> of the Union, and by such omission, engaged in a material misrepresentation regarding the Union's proposed representation of employees.

In support of Objection No. 7, the Employer would show that, upon information and belief, organizers employed by the International Association of Machinists and Aerospace Workers (IAMAW) attended, for and on behalf of the Petitioner, some of the pre-election conferences and other events related to the elections that took place in this case. The Employer would also show that, as part of the organizing campaign, the Petitioner used campaign materials generated by IAMAW and logos that are commonly associated with IAMAW. Additionally, the Employer would present documentary evidence of the affiliation between the Petitioner and IAMAW, including the labor organizations' announcement of an affiliation in 2012, and evidence of joint training, joint political campaigning, joint press releases, and joint organizing efforts that occurred as recently as 2017. The Employer would also intend to subpoena representatives of both the Petitioner and IAMAW to supplement the evidence of the labor organizations' affiliation that already exists. The Employer would also show that IAMAW organizers are awarded cash incentives for organizing employees, which may have included the employees who comprised the unit. The Employer would also prove by documentary evidence that IAMAW has been accused of engaging in unfair labor practices and has engaged in strikes of various durations. The Employer would then call employees to testify regarding whether they consider such information material to their decision as to whether or not to be represented by the Petitioner, given that the Employer contends that the Petitioner is affiliated with IAMAW. Finally, the Employer would show that none of the facts summarized above were disclosed by the Petitioner to the employees who comprised the unit.

The Petitioner denies the alleged objectionable conduct in Objection No. 7.

**Analysis**

In *Midland National Life Insurance Co.*, 263 NLRB 127 (1982), the Board abandoned its policy of regulating misrepresentations in election campaigns. However, *Midland National* does not apply and the Board will set aside an election upon a showing that the employees did not know the identity of the organization that they were voting for or against. See *Humane Society for Seattle/King County*, 356 NLRB 32, 34–35 (2010); *Pacific Southwest Container*, 283 NLRB 79, 80 fn. 2 (1987). Compare *Nevada Security Innovations*, 337 NLRB 1108 (2002).

The Employer asserts that the Petitioner's alleged affiliation with another labor organization, IAMAW, constitutes a material misrepresentation regarding the Petitioner's proposed representation of employees. However, at all times during this proceeding, the sole labor organization seeking to represent the employees in the units has been the Petitioner. No other labor organization claimed or attempted to claim any interest in representing the employees in the units. The sole labor organization that appeared on the sample ballots in the notices of election and on the official secret ballots at the elections was the Petitioner. The allegations raised by the Employer in support of Objection No. 7 do not warrant a post-election hearing because the Employer failed to establish any evidence to support a misrepresentation by the Petitioner that would provide grounds for setting aside the election.

Accordingly, Objection No. 7 is overruled.

## UNFAIR LABOR PRACTICE CHARGE

### Procedural History

The petition in this matter was filed on August 23, 2018. A pre-election hearing was conducted on August 31 and September 4, 2018. On October 10, 2018, the DDE issued, directing the elections in various single-facility units, including the election in Unit I. The election in Unit I was conducted on October 25, 2018. The Employer filed objections on November 1, 2018. By this decision, the undersigned overruled the Employer's objections.

While this matter was still pending, the Petitioner filed its unfair labor practice charge in Case 21-CA-232457 on December 10, 2018. The charge alleged the Employer retaliated against employees for their union activities and support of the Petitioner by closing the West Coast Radiology – South Coast facility and laying off the union leader. On January 31, 2019, the undersigned dismissed this unfair labor practice charge, finding the Employer's decision to close the West Coast Radiology – South Coast facility was not unlawfully motivated. The evidence revealed that the Employer's plans to close the facility were underway prior to any known union or protected concerted activities. The deadline for the Petitioner to appeal this dismissal decision is February 21, 2019.

### Analysis

The Board will dismiss a petition where cessation of operations is imminent (such as when an employer completely ceases to operate, sells its operations, or fundamentally changes the nature of its business). *Retro Environmental, Inc.*, 364 NLRB No. 70, slip op. at 4 (2016); *Hughes Aircraft Co*., 308 NLRB 82, 83 (1992); *Martin Marietta Aluminum*, 214 NLRB 646, 646–647 (1974); *Cooper International*, 205 NLRB 1057, 1057 (1973). The party asserting an imminent cessation of operations bears the burden of showing, through concrete evidence, that cessation is both imminent and definite. *Retro Environmental, Inc.*, 364 NLRB No. 70, slip op. at 4 (2016); *Hughes Aircraft Co.*, 308 NLRB 82, 83 (1992); *Martin Marietta Aluminum*, 214 NLRB 646, 646–647 (1974). A petition will not be dismissed based on conjecture or uncertainty concerning future operations. See *Canterbury of Puerto Rico, Inc.*, 225 NLRB 309 (1976). Similarly, a petition will be processed where the evidence shows that an employer's initial anticipated date for completing its operations is inaccurate. *Gibson Electric*, 226 NLRB 1063 (1976). Compare *Larson Plywood Co.*, 223 NLRB 1161 (1976) (finding imminent cessation based on resolution to liquidate business within 90 days and no evidence of inconsistent action). Cf. *Cal-Neva Lodge*, 235 NLRB 1167 (1978) (dismissing petition where operations had ceased and testimony they would resume in near future was speculative).

## CONCLUSION AND ORDER

For the reasons set forth above, the Employer objections are overruled in their entirety. However, the evidence obtained by the region during the investigation of the related unfair labor practice charge in Case 21-CA-232457 could be grounds for dismissing the petition if introduced