

RV2026-004
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Nov 05 2025
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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November 5, 2025

Hon. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, Alabama 36130
shpda.online@shpda.alabama.gov

Re: Letter request for Non-Reviewability Status of Birmingham Physicians Radiology, PLLC

Dear Ms. Marsal,

This firm represents Dr. Ross Barnett who is sole owner of Birmingham Physicians Radiology, PLLC, (hereinafter referred to as "this facility" or "facility"). This facility is owned exclusively by Dr. Ross Barnett and the services provided are diagnostic testing services including MRI, CT, Ultrasound and X-Ray. Attached hereto and marked exhibit A is the legal name of this facility, the d/b/a name, address, telephone number and list of services provided. Pursuant to the Alabama Certificate of Need Program Rules and Regulations ("CON rules") § 410-1-7-02, we are requesting a determination that the proposed conversion of this physician office location to an Independent Diagnostic Testing Facility ("IDTF") does not require a Certificate of Need review under Alabama Code § 22-21-260, *et. seq.* or the CON rules. Pursuant to CON rule § 410-1-7-02 (7) and (8), a payment in the amount of \$1,000 will be made to the Alabama State Health Planning and Development Agency through the SHPDA website payment portal. The following information is provided to assist in your review of this request.

The facility is solely owned by Dr. Ross Barnett. The service area and location will not change. This facility is American College of Radiology (ACR) accredited. The purpose for this conversion is to consolidate various functions of the office and reporting to CMS and other agencies. In addition, this conversion will facilitate third-party contracts with various payor sources. Dr. Barnett is a board-certified radiologist licensed to practice medicine in the State of Alabama. All professional radiology services will be rendered by Dr. Barnett or an employed radiologist. This facility will comply with all applicable state and federal licensure rules and regulations.

Dr. Barnett will continue to provide professional reading services to the patients. Dr. Barnett will not provide services to hospital inpatients or outpatients, nor by, through, or on behalf of a healthcare facility, as such term is defined by *Ala. Code* § 22-21-260 (6) and CON Rule § 410-1-2-05. All patient billing related to the provision of diagnostic services will be in the name of the facility or its physicians and not on behalf of any healthcare facility or third party.

As you are aware, the Alabama CON program regulates the establishment of new "institutional health services" which are "health services provided in or through healthcare facilities or health maintenance organizations, including the entity in or through which such services are provided." *Ala Code* § 22-21-260 (9). A freestanding IDTF is omitted from the definition of "healthcare facility" and has historically been viewed by SHPDA to not constitute a new "institutional health service" requiring CON review. Therefore, this facility is not a healthcare facility as such term is defined by the CON rules, is operationally, fiscally and otherwise separate from a healthcare facility, and thus, is not subject to CON review.

The conversion of this facility to a free standing IDTF will not involve any construction, development, acquisition or other establishment of a new healthcare facility. The professional services currently provided by Dr. Barnett will remain the same after this conversion. Furthermore, there is no cost associated with the conversion of this facility to an IDTF other than the fees associated with this request for non-reviewability.

Based on the foregoing, Dr. Ross Barnett, on behalf of this facility, requests your determination that the conversion of this facility to a IDTF is not subject to CON review under *Ala. Code* § 22-21-260, *et. sec.* and the CON rules. If you should have any further questions, please do not hesitate to contact me.

Sincerely,



David E. Belser

EXHIBIT A

Facility: Birmingham Physicians' Radiology PLLC d/b/a Birmingham Physicians' Imaging

Address: 3425 Colonnade Parkway, Suite A, Birmingham, AL 35243

Telephone: 205-823-3366 **Fax:** 205-823-6673

TIN: 81-4021291 **NPI:** 1346782307

Services: MRI, CT, Ultrasound, X-Ray

Dec 03 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

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November 24, 2025

Hon. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, Alabama 36130
shpda.online@shpda.alabama.gov

**Re: Response to SHPDA's Request for Additional Information Concerning Birmingham
Physicians Radiology, PLLC**

Dear Ms. Marsal,

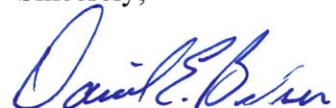
This letter is written in response to SHPDA's letter of November 12th, 2025 requesting additional information regarding the above referenced matter. Below is the specific response to each request for additional information:

- 1.) The service area is Jefferson County Alabama.
- 2.) The applicants' plan for physician presence is that Dr. Barnett or an appropriately trained contracted physician meeting CMS guidelines, will be present at the medical facility during working hours in Birmingham, Alabama. If Dr. Barnett or the contracted physician is not available, CMS rules allow for designated physicians listed on the CMS 855B enrollment form to supervise virtually and will be immediately available via technology (Real-Time audio and visual interactive telecommunications) to respond to any issues that may arise.
- 3.) As to the facilities Emergency Management Plan for this medical practice location please see attached - "Policy: Emergency Code Procedure in MRI", a "Crash Cart Checklist" and "Emergency Procedures Manual" by AMJ Management, LLC (which is solely owned by Dr. Barnett for all of Dr. Barnett's facilities).
- 4.) This facility is located .3 miles from Grandview Medical Center.

5.) See attached affirmation of the requesting party for the original LNR request. Furthermore, this letter is also attested to by the requesting party.

Should you have any additional questions please let me know.

Sincerely,



David E. Belser

Affirmation of requesting party

The undersigned, being first duly sworn, hereby make oath or affirm that he is the sole owner of Birmingham Physicians Radiology, PLLC, has knowledge of the facts in this request, and to the best of his information, knowledge, and belief, such facts are true and correct.

Affiant W

SUBSCRIBED AND SWORN to before me this 24th day of November, 2025.

Kristin Leigh Riddleperger
Notary public

My commission expires: 11/24/2025

(SEAL)





Year _____

Crash Cart Checklist

Description	Location of Cart												Location of Cart											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Drugs	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	Initial	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial
Aspirin, 81mg tablets	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Nitroglycerin spray or 0.4 mg tablets	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Dextrose 50% (25% for pediatrics)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Narcan, 4mg/ml (6)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Epinephrine 1:10,000 Abreobject (3)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Epinephrine 1:1,000 1 ml Ampule (s)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Atropine Sulfate, 1mg Abreobject (3)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Amlodarone, 50mg vial (4)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
EpiPen (Auvi-Q) 0.3 mg(2)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
EpiPen JR (Auvi-Q) 0.1 mg(2)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Solumedrol, 40 vial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Benadryl (Diphenhydramine), 50mg vial (2)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Benadryl (Diphenhydramine), 25mg Capsules	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Adenosine, 3mg (4)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Metroprolol (Lopressor), 25mg (1 Bottle)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Cardiazem, 5mg vial (2)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Pronestyl (Procainamide), 100mg/ml vial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Furosemide (Lasix) 10mg/ml Injection	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Supplies																								
Airway, oral and nasal of varying sizes	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Kings Airway Set (s)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Bag Valve Mask (adult and pediatric)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Nasal Cannula	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Non-Rebreather Oxygen Face masks	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
IV Start Supplies																								
Alcohol Swabs	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Tape	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Angiocaths of varying sizes	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Tourniquet	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Cotton ball or gauze	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Normal Saline Solution, 500-1000ml bag	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
IV Tubing	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Salin Flush Syringes, 10 ml (3)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Other																								
Syringe Nasal Adaptor (nasal Narcan atomizer)	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Oxygen supply	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
Oxygen extension tubing	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial
AED - Checked	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial	Initial



Policy: Emergency Code Procedure in MRI

Purpose

To provide a clear and structured response plan for emergency situations in the MRI suite, ensuring the safety of patients, personnel, and the integrity of the MRI equipment.

Scope

This policy applies to all personnel in the MRI department, including MRI technologists, radiologists, nursing staff, and emergency response teams.

Procedures

1. Identifying an Emergency

- An emergency code is activated when there is a critical situation that requires immediate action, such as medical emergencies (e.g., cardiac arrest, severe allergic reactions, or other life-threatening conditions), equipment malfunction, or quench events.
- Examples of emergency situations include:
 - Patient distress or collapse
 - Fire or smoke in the MRI suite
 - Quenching of the MRI magnet
 - Severe allergic reaction to contrast agents
 - Cardiac arrest or respiratory distress

2. Immediate Response Actions

- Medical Emergencies: Initiate immediate basic life support (BLS) or advanced life support (ALS) measures, as appropriate. Call for the emergency response team and notify the radiologist.
 - Important: Whenever feasible, remove the patient or individual experiencing the medical emergency from the MRI environment before initiating full resuscitation efforts or deploying emergency equipment. This prevents the risk of bringing non-MR safe equipment into the magnet zone.
- Magnet Quench: In the event of a quench, follow the emergency procedure for quenching (e.g., evacuate the MRI suite, notify the MRI service provider, and ensure the ventilation system is operating).
- Fire or Smoke: Evacuate the MRI suite, activate the fire alarm, and follow the institution's fire safety protocols.
- Equipment Malfunction: Power off the MRI machine if safe to do so, and contact the MRI service provider for technical assistance.

3. Patient Management



- Ensure the patient's safety and comfort throughout the emergency. If the patient is conscious, reassure them and provide necessary care.
- In case of evacuation, prioritize the safe transport of the patient, considering any potential risks related to the MRI environment (e.g., magnetic field effects on medical devices).

4. Communication

- Maintain clear communication with all involved personnel during the emergency, including:
 - The emergency response team
 - The radiologist or supervising physician
 - Any other departments that need to be informed (e.g., nursing, security)
- Keep the patient informed, if possible, to reduce anxiety and ensure they understand what actions are being taken.

5. Post-Emergency Procedures

- After the emergency, complete an incident report detailing the event and actions taken.
- Ensure that any necessary follow-up care or monitoring for the patient is arranged.

6. Training

- All MRI personnel must receive regular training on emergency codes and procedures.

Compliance & Review

- This policy should comply with institutional safety and emergency response standards.
- The policy will be reviewed annually, and after each emergency incident, to ensure its effectiveness and relevance.



EMERGENCY PROCEDURES MANUAL

AMJ MANAGEMENT, LLC

AMJ MANAGEMENT, LLC ("the Facility")

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ASSAULT **Immediate Response**

Assault in progress:

1. Call (911) and describe the incident.
2. Do not physically restrain the people involved.
3. Do not place yourself or others at risk.
4. If possible, obtain individuals' names.

Assault after-the-fact:

1. Take assaulted persons to a quiet place after assuring that she/he is not seriously injured. (Never move a seriously injured person.) Ask if there is anyone to be called.
2. If there appears to be a medical emergency, call (911). If the situation is not a medical emergency. State your name and location of the incident. Explain what happened and give the victim's name.
3. Notify front desk personnel to direct the emergency/police personnel to the victim's location.
4. Encourage victim to remain until police arrives, but do not forcibly detain her/him.
5. If either victim or assailant is an employee of the facility, also notify appropriate supervisor.

Additional Information

Assault is the crime of knowingly or recklessly causing or attempting to cause physical harm to another person. For your own safety, do not physically intervene in an assault situation. Do not physically detain assailant(s) or victim(s), but you should, of course, indicate to the police in which direction they have gone. Complete an Incident Report to document any action taken. Also, file an official police report.

BOMB THREAT

Immediate Response

People Management:

1. When the call is received, ask caller the following.
 - a. When is the explosive device set to explode?
 - b. Where is it right now?
 - c. What does it look like?
 - d. What kind of explosive device is it?
 - e. What will cause it to explode?
 - f. Did you place the explosive device?
 - g. What is your name?
 - h. What is your address?
 - i. What is your group's name?
 - j. Why did you place the bomb here?

IF POSSIBLE, WRITE DOWN THE EXACT WORDING. REFER TO THE "EXPLOSIVE DEVICE DATA CARD" FOUND ON THE FOLLOWING PAGE.

2. Listen for voice inflections, tonal qualities and background noises.
3. Try to get another person's attention during the call to have them call (911) on another phone to call police and have the threatening call traced.
4. After the conversation, DO NOT HAND UP THE PHONE. The call may be traceable by the authorities.
5. Use another phone immediately to call (911). Solicit advice from the police.
6. Contact the supervisor.
7. If so directed, evacuate the building to a point of safety.

DO NOT HANG UP PHONE AFTER RECEIVING A THREAT! DO NOT TOUCH ANY STRANGE OBJECTS OR PACKAGES!

Building Management:

1. Do not activate fire alarms. Vibrations from alarm can trigger the explosion.
2. Shut off all portable radios. (Some caps can be detonated by radio wave.)

3. Await instructions regarding building evacuation.
4. If requested, assist police in visually identifying any strange objects or packages in the area. Do not touch any strange objects or packages.
5. If nothing is found in the area, post an "Area Clear" sign outside the area's entrance.
6. Open all windows and unplug appliances (to lessen potential bomb impact or damage).

EXPLOSIVE DEVICE DATA CARD

QUESTIONS TO ASK:

(If possible, write down exact wording.)

1. When is the explosive device set to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of explosive device is it?
5. What will cause it to explode?
6. Did you place the explosive device?
7. What is your address?
8. What is your name?
9. What is your group's name?
10. Why did you place the bomb here?

EXACT WORDING OF THE THREAT:

Sex of caller: _____

Race/Nationality: _____

Age: _____

Phone number at which call is received: _____

Time/Date: _____

Length of Call: _____

DO NOT HANG UP THE PHONE!

CALLER'S VOICE:

Calm Stutter Slow Rapid Ragged
 Laughter Normal Accent Excited Raspky
 Deep Loud Crying Disguised Slurred
 Angry Soft Cracked Voice Distinct Familiar

If voice was familiar, who did it sound like: _____

BACKGROUND SOUNDS:

Street Noises Animal Noises PA System Music
 Motor House Noises Office Machinery

THREAT LANGUAGE:

Well Spoken Incoherent Foul Irrational
 Message read by threat maker

REMARKS:

Give responding officers the information on this sheet.

Date: _____

Name: _____

Position: _____

Phone Number: _____

BUILDING TAKEOVER (Demonstration, Riot, etc.)

Immediate Response

1. Remain calm and do not panic others.
2. Use caution if defending the practice. Resistance may lead to bodily harm and increase destruction of property.
3. Call the Police (911) if possible. State you name, exact location and explain what is happening. Include:
 - a. Where are the people?
 - b. How many?
 - c. Does it appear that damage or destruction is imminent?
 - d. Is the building being occupied?
 - e. Does the crowd seem rational and organized?
 - f. Is there an obvious objective?
4. Notify supervisor and give exact information.
5. If there appears to be a leader of the group, a supervisor should talk to him/her to discover the takeover's purpose.
6. Your first responsibility is the safety of the people in the facility.

CARDIAC OR RESPIRATORY ARREST

1. Check the person for breathing and a pulse.
2. If there is no breathing or pulse, immediately call for help.
3. Front desk will dial (911).
4. Initiate basic life support (CPR) until emergency medical services arrives. Only trained individuals should administer CPR and first aid.
5. Individuals must use goggles, rubber gloves and the CPR face shield.
6. Front desk will direct the emergency medical service (EMS) to the victim.
7. Clear the area and assist as needed.
8. Contact the victim's family and physician as necessary.
9. Contact supervisor.

CHILD UNATTENDED

Immediate Response

1. Assess the situation:
 - a. If the child is engaging in potentially harmful activity, ask the child to stop. If the child is in extreme danger, you may need to remove him/her physically from harm.
 - b. If the child appears to be lost, offer assistance. Reassure the child and keep him/her calm.
2. Obtain the name, location of parent/guardian from the child.
3. If parent/guardian is located at the facility, take the child to the parent/guardian and explain the problem.
4. If unable to locate parent/guardian, take the child to the front desk and call Police at (911).
5. It is advised that facility personnel should not be alone with the child; it is always best to have at least two adults with the child to avoid possible misunderstandings and/or accusations of child molestation.
6. Because of possibility that the child may be diabetic or have allergies, do not give the child food or candy.

If the child becomes fearful or uncooperative and refuses your assistance, do not become assertive. Do not chase the fleeing child or attempt physical restraint unless the child is in extreme physical danger. If the child runs away, try to keep him/her in your sight and ask others to assist you by calling the Police. If the child becomes threatening, call the police immediately!

DANGEROUS INTRUDER

Procedure:

Disorderly person in the facility

1. If a person/persons are disorderly and threatening, personnel will make their presence known and ask them, calmly, to leave the facility.
2. If the person refuses to leave and personnel feel they may need assistance they will notify the entire staff with a page of "CODE BLUE".
3. The supervisor and all available staff will immediately report to the area in a calm and orderly fashion.
4. The supervisor will attempt to escort the person/persons from the facility.
5. The supervisor will determine whether law enforcement should be notified.
6. If the person refuses to leave and offers resistance. The supervisor will attempt to contain the person/persons in an area which will not interfere with the normal operations of facility until law enforcement arrives.
7. If violence erupts, do not place yourself in jeopardy. Remove any objects from the area that may be a potential weapon. If time permits, move the furniture or equipment that could injure a person if fallen upon.

Emergency Assistance:

1. If the personnel require physical assistance with a patient, they notify all the staff with a page of "Attention: Code Blue" and the location of where the physical assistance is required.
2. The supervisor and staff will immediately respond to the area to give assistance, reporting in a calm and orderly fashion.
3. Involved personnel will determine if medical assistance is required and phone for emergency assistance.
4. If medical assistance is required, involved personnel will stabilize the client making them as comfortable as possible until qualified emergency assistance has arrived.

Off-Premise Disorder:

Should an off-premise situation involving violence be observed by a staff member or patient they are to remain in the building. If the disturbance moves onto premises,

Do the following:

1. Lock all doors
2. Do not let anyone except facility personnel inside.
3. Pull the shades in case of broken glass
4. Call the Police (911)

DISRUPTIVE, INAPPROPRIATE AND UNACCEPTABLE BEHAVIOR

Immediate Response

General Guidelines:

1. Do not place yourself at risk. When necessary, seek advice or assistance with a discrete call the Police (911).
2. Ask the person(s) to stop creating the disturbance or to stop the inappropriate or unacceptable behavior. If the violence has occurred or hostility is evident, contact a supervisor immediately.
3. Speak calmly and firmly to the person(s). Do not get into an argument. Do not touch the person.
4. Inform the on-duty supervisor of the action taken.
5. If he/she has not stopped in response to the request in 2 above, ask the person creating the unacceptable behavior to leave the facility. Call the police at 911. State your name and exact location of incident and explain what is happening.
6. Notify front desk personnel to direct emergency/police personnel to specific location.
7. Complete a Facility Incident Report as the time permits.

Suggestions for dealing with disturbed people:

1. Remain calm.
2. Repeat your request if necessary.
3. Do not argue with outrageous statements.
4. Be explicit.
5. Stay in control of the situation, do not allow the person to manipulate you.
6. Avoid humor or personal remarks.
7. Alert other staff when strange behavior occurs.
8. Be considerate, listen to the whole explanation even if you have heard it a thousand times before.

9. Offer a choice of actions or alternatives, if you can.
10. Be a team player when confronting a disturbed person, get help. Do not try to handle it alone.
11. Give support to another staff member who has had to confront a disturbed person.
12. Never try to restrain or detain a person forcefully. Do not touch a disturbed person.

Additional Information

People smoking in the facility: If the patient is smoking in an open area and seems to be unaware of the facility policy that disallows smoking inside, simply ask him/her to extinguish the cigarette (or cigar or pipe) immediately and to step outside to smoke. Advise him/her of the facility policy that prohibits smoking within the building. If the smoker is being surreptitious (e.g., hiding in a hallway or bathroom), ask him/her to extinguish the cigarette immediately.

Monitoring "bizarre but, non-threatening behavior": Realize that there is a thin line between surveillance and harassment. Employees' duties involve observation to protect the facility patients and equipment. Discreet observation of alleged suspicious behavior is advised. Avoid "invading the space" of the alleged suspicious person. Report observed behavior to supervisor.

The following are descriptions of types of disruptive, inappropriate, or unacceptable behaviors, with the steps that should be taken when each type of behavior is encountered.

Angry Verbal Abuse

1. Normally calm and reasonable facility patients may be aggravated into disruptive behavior by frustration: a bill they feel is undeserved, misunderstanding a scan time, etc. Your goal is to defuse the patient's anger.
2. Acknowledge existence of the problem: Explain the procedures, describe the steps that can be taken to solve the problem. Listen supportively, with empathy and understanding.
3. Be aware that the patients' anger is not directed at you but, that it is from inner frustration.
4. Enlist the aid of the supervisor or another staff member. If the complaint seems legitimate, refer the problem to the supervisor.

Personal Verbal Abuse

1. Should not be tolerated. If a patient's tirade goes beyond the criticism of the facility and focuses on you, retreat from the confrontation immediately and call another staff member to take over this patient.
2. If you are alone, call for assistance.

Disruptive, inappropriate, or unacceptable behavior, destruction of Facility materials

Examples of this would be:

1. Writing in books or magazines, cutting out pages, damaging the furniture, using materials destructively, etc.
2. If action seems to be accidental, unintentional or minor (such as writing in a book or magazine), tell the patient to stop. If the patient is cooperative, and this is a first offense, you may want to handle the problem yourself, that is, have the patient replace the material, otherwise make restitution. This is a judgment call. If action seems deliberate and seriously destructive, call the police and describe the situation. Secure damaged materials as evidence. If the patient leaves the area, be prepared to give police a physical description, and to file a formal complaint. If the patient does not leave the area, complete a formal complaint to police and complete a Facility Incident Report.

Bizarre but, non-threatening behavior

Examples of this would be:

1. Random, senseless movements; erratic, inappropriate, abnormal actions that are distracting to others.
2. Approach patients directly, ask if the patient needs assistance. Enlist the aid of another staff member if possible. Tell the patient the behavior is distracting and disturbing to other facility patients and must be stopped. Be direct and firm. Ask the patient to leave. If behavior continues call the police and give your name, location and telephone number.

Disruptive Behavior

1. Loud talking, singing, approaching other patients and engaging them in unwanted and inappropriate interaction.
2. Ask the patient to be quiet. Inform the patient that the behavior is disturbing to the other facility patients and must be stopped.
3. Enlist the aid of another staff member. Tell the patient firmly to leave. If the patient does not quiet down or leave the facility, call the police (911). Give your name, address and telephone number.

Suspicious Lurking

1. Person seems out of place and is not scheduled as a facility patient or associated with a patient.
2. This person seems to be watching other patients or their belongings or attempts to enter a non-public area.
3. Ask if the person needs assistance.
4. Watch the person and notify other staff members. If the person's response is not appropriate or evasive, call the police, even if this person has left the area. Give your name, address and telephone number.

Obscene Phone Calls

1. Always hang up immediately.
2. Call the police and ask to file a report with an officer. Be prepared to describe what you can recall of the caller's voice, sex, approximate age, what the caller said and to describe any background noises.

Sexual Offenses

1. Call the police and give your name, address and telephone number.
2. The patient or employee to-whom the behavior was directed towards may be upset. Do not try to get the patient or employee to give you details in a public area. Try to take the patient or employee to an office or an area away from others. If possible, it is best to have the victim talk directly to the dispatcher or the officer on site. Be supportive of the feelings of the patient or employee.

Threats to Personal Safety or Staff and Patients

1. Call the police immediately. If the person is armed, inform the dispatcher. Give your name and address when describing the problem. Have someone stay on the line with the police dispatcher. Without risking your own safety or inflaming the situation, try to get other staff, patients and yourself out of the area.

Filing a Formal Complaint with the Police

1. Be prepared to take this action when the disturbance is serious.
 - a. Examples: exposure, assault, violent behavior, destruction of facility materials, ongoing or repeated disturbance of the peace and only you have witnessed

the behavior of the suspect or the victim. Police officers cannot arrest someone for an action they have not witnessed unless the person who has observed the behavior is willing the file a formal complaint.

2. In filling a formal complaint, you are making a charge that may lead to a person's arrest. It is possible that you may be asked to appear in court. As an on-duty facility employee you are legally considered to be working as a representative under the authority of the facility, so in a sense, you are not acting alone. The statement may be filed with the District Attorney. The officer at the scene will advise you.

EXPLOSION **Immediate Action**

People Management:

1. Call the police to report the explosion.
2. Initiate the fire protocol and evacuate from the building.
3. Report to emergency personnel the location of any person(s) unable to be evacuated.
4. Trained persons should administer first aid or CPR only.
5. Notify supervisor.
6. Await the "all-clear" signal from emergency personnel before re-entering the building.
7. Complete a Facility Incident Report when time permits.

Additional Information:

Fire or flammable vapors, leaking gas, faulty heating systems, or bombs may cause explosions. An explosion may cause shelving collapse, structural failure, fire, and/or water damage. After the explosion, notify the Fire Department if not already done. The primary concern is to evacuate the building to avoid further injury. The building should not be re-entered until the authorities have given the "all-clear" to enter.

Trained persons should administer first aid or CPR only. Report the location of injured persons to the emergency personnel. It is important to be aware of other people working in the area since explosions can cause structural collapse, which could injure or trap individuals.

FIRE **Immediate Response**

1. When a fire is noticed by any employee and /or person within our building, the individual must announce the fire via the paging system installed on all phones using the following instructions:
 - a. Announce code red, twice if possible.
 - b. The front desk will dial (911) and report the address of the fire.
 - c. If the fire is small and can easily be contained (for example, a fire in a waste basket), use one of the nearby fire extinguishers to put out the fire.
 - d. Fire extinguisher locations are indicated on the Facility Site Floor Plan.
2. If the fire cannot be rendered under control by use of fire extinguishers, assist others in the evacuation of the building.
3. All patients will be instructed to evacuate the building through the appropriate exit as outlined in the evacuation procedures.
4. Close all windows and doors.
5. Keep all lights on
6. Unplug all electrical equipment, if conditions allow. Push the Emergency Shut Off button for Scanner (if fire is in the area, otherwise do orderly shutdown).
7. Stand at exterior door to ensure that no one will re-enter the building. Direct the Fire Department and other emergency personnel to the area.
8. Be sure all employees and patients are accounted for.
9. If the situation has been rendered non-threatening to life and property, a decision will be made whether or not to cancel the 911 call. This decision will be made by whoever is in charge at that time.

ADDITIONAL INFORMATION

If the fire is small and can be easily contained use a fire extinguisher to put it out. Do not use a water hose on an electrical fire. Most extinguishers are multi-purpose "A-B-C" and can be used on all fires. IMI employees should know in advance what type(s) of fire extinguishers are available and where they are located.

If the fire cannot be easily contained, call 911 and evaluate the building. Doors should be closed to help contain the fire. If someone refuses to leave the building, report his or her

location to the emergency personnel. Handicapped people should be assisted (if needed) to the nearest exit. The location of handicapped individuals should be reported to the emergency personnel. Carrying the handicapped individual may result in injury to one or both parties.

If there is intense smoke, a wet rag or towel held over the nose and mouth may minimize smoke inhalation. Staying close to the floor and crawling, if necessary, is also helpful in a smoke-filled area.

Know the following:

1. Fire Exits-refer to your area floor plan
2. Fire Extinguishers (and what type)
3. Code Red is used when announcing a fire. For example: If the fire is in the kitchen, the announcement would be "Attention: Code Red kitchen area"
4. The front desk is responsible for dialing 911.
5. The front office staff are responsible for evacuating patients located in the Front Office, Waiting Room, Patients' restrooms, and kitchen via the front main exit.
6. The Technologist is responsible for evacuating patients located in the control room, scan room, dressing rooms, equipment room via the rear exit.
7. The staff and patients will all meet in the front parking lot.

FUMES **Immediate Response**

1. Shut off all electrical equipment such as photocopiers and computers.
2. Assess the severity of the fumes and possible sources. Inform the manager.
3. If necessary, evacuate people from the area. Assist those individuals requiring help. Only trained individuals should administer CPR and First Aid.
4. If an emergency, call 911.
5. Notify the front desk personnel to direct the emergency personnel to the location. Wait for the "all-clear" signal before reentering the area.
6. Complete a Facility Incident Report.

Building Management

1. Secure the dangerous area to avoid further problems. Post Signs.
2. Do not use a match or candle. Gas leaks may cause explosions.
3. Open windows and doors for ventilation.

Additional Information

Toxic fumes may emanate from: mechanical equipment, stored chemical, substances used in construction, such as floor sealant, chemical cleansers, pest fumigation and other sources.

Toxic fumes may cause dizziness, headache and nausea. Extended exposures to some fumes can result in weakness and even unconsciousness. Contact with chemicals or inhalation of fumes may result in chemical burns and allergic reactions in some cases.

If toxic fumes are detected, determine the severity of the fumes and the source of the fumes. Contact the manager and explain the situation. If necessary, evacuate the area and assist those individuals who are unable to be evacuated. Secure the area to avoid further problems. Post signs.

In emergency situations call 911.

If toxic fumes have overcome someone, get help from others before you decide to rescue or move the victim. Fumes could overcome you in attempting to rescue someone else.

MEDICAL ASSISTANCE

Immediate Response

People Management-Patients:

1. Call (911), if necessary.
2. Arrange for someone to remain with the injured person until medical help arrives.
3. Notify the front desk personnel to direct emergency personnel to the victim's location.
4. Keep the person calm and comfortable but do not attempt to move him/her in any way.

People Management - Employees:

1. Call (911), if necessary.
2. Keep someone with the injured person until help arrives.
3. Notify front desk personnel to direct emergency personnel to the victim's location.
4. Keep the person calm and comfortable but do not attempt to move him/her in any way.
5. Injured employees generally should be referred to or taken to the nearest hospital emergency room.

ONLY TRAINED INDIVIDUALS SHOULD ADMINISTER CPR OR FIRST AID.

POWER OUTAGES

Immediate Response

People Management:

1. Report the outage to management.
2. Safety first: Account for all on-duty employees and patients in the area. If necessary, evacuate the affected building or area.
3. Power outages, especially during the night hours, can be settings for rapes and assaults.

Building Management:

1. Shut off copiers, computers, and other office machines to avoid damage from surges when the power is restored.
2. Assist authorities in the check for electrical circuits or structural damage, which may have caused the outage.

RAPE AND SEXUAL ASSAULT

Immediate Response

People Management:

1. Find a quiet place for the survivor to sit, preferable in a closed office. Be aware of the potential for shock. Try to keep the survivor calm, and quiet.
2. Ask if there is anyone to be called and assist in making the call if necessary. Ask if the person if they want the Rape Crisis Center contacted. Do not question the survivor about the incident but listen if she/he wishes to talk.
3. Call (911) to report the rape and to summon, if necessary, medical assistance. If possible, obtain a description of the alleged perpetrator from the survivor to give to police.

NOTE: The survivor should be advised of this response. Many survivors do not wish to participate in reporting and should be given the opportunity to limit personal participation in the reporting. In other words, report the incident, but do not assume that the survivor will want to be involved.

4. Notify front desk personnel to direct emergency personnel to the survivor's location.
5. Encourage the survivor to remain until the Police arrive, but do not restrain if she/he insists on leaving. Inform the survivor that participating in reporting is not required, but that it is an option.
6. If the survivor or the alleged rapist is a Facility employee, also notify appropriate supervisor.

SHELVING COLLAPSE

Immediate Response

People Management:

1. Inspect the area for injured or trapped people.
2. Call (911), if there are injuries. Only trained individuals should administer CPR and first aid.
3. Evacuate people from the accident area.
4. Complete a Facility Incident Report when time permits.

The collapse of shelving units can cause severe injury or death. In the event of such an occurrence, inspect the area to ascertain if any person has been injured or trapped.

The collapse of shelving can be the result of excessive weight, poor construction, explosion, severe weather, earthquakes, floods, natural deterioration or other causes. Shelving should be inspected on a regular basis to assure that it is stable and secure. When a collapse has occurred, the management should be contacted. At all times it should be remembered that human safety is the top priority.

STRUCTURAL FAILURE (Collapsed Walls, Ceilings, other major failures)

Immediate Response

People Management:

1. Any structural failure must be reported as an emergency. Call (911) immediately.
2. Inspect the area for injured or trapped people.
3. If there are injuries, call (911). Only trained individuals should administer CPR or first aid.
4. Evacuate people from the accident area when unsafe conditions exist. Secure the area to avoid injury or further problem.
5. Check and report any damage to equipment.
6. Check and report any structural damage to the building. Secure the area to avoid further injury.

THEFT **Immediate Response**

Theft in Progress:

1. Mentally note the situation and the description of the thief. Do not attempt physically to restrain the thief. Use care: the thief may be armed and dangerous.
2. Call the police immediately and inform them that a theft is in progress.
3. Notify the front desk of the situation and the action you have taken. Give them a description of the thief. Staff may notice what direction the thief takes and can inform the police.
4. Be available to assist the police with any information they may need.

Theft After-the-Fact:

1. Immediately report the theft to the manager.
2. Do not disturb the area in which the theft has occurred. This could impede the police from obtaining evidence.
3. Make a list of items that are missing.
4. Complete a Facility Incident Report.

Theft of patient's belongings:

1. Inform the victim of the need for a police report to expedite the recovery of lost items. The manager must prepare a written communication, which may be used to report the incident to the insurance company. The statement should include how, when, and by whom the theft was discovered; the date of the police report and the name of the officer to whom reported; a complete listing of any losses and/or damages suffered by building or property .and information pertinent to the situation.
2. If damage to the building has resulted from the theft or from forced entry, repairs should be made immediately.

TORNADO

People Management

During a Tornado Watch:

A "Tornado Watch" means that weather conditions in your area are conducive for tornadoes to develop.

1. Listen to the radio for weather updates.
2. Stay alert to weather changes.

During a Tornado Warning:

A "Tornado Warning" means that a tornado has been seen in your area and you should seek safety immediately.

1. Direct patients and employees to the buildings designated "safe area". This area should be located away from windows, in an inner room or a basement.
2. Employees should bring a radio to the "safe area".
3. Every patient and employee will be covered with a blanket and should shield their head and face with their arms.
4. Wait for the all-clear announcement from the radio before leaving the "safe spot".
5. Call (911) if emergency services are needed.

Equipment Management:

1. If there is time, turn off equipment. Do not turn off surge protectors. Do not put yourself at risk.
2. Damage to equipment should be assessed after the severe weather has passed. When necessary contact your manager.

HURRICANE

1. Once the area has been placed on a "Hurricane Watch" monitor the radio for weather bulletins.
2. Once the area has been placed on a "Hurricane Warning", the front desk should notify patients and employees. Employees should prepare for possible evacuation.
3. When leaving turn off all equipment and secure the building.
4. After the severe weather has passed, assess any damage to the building. A written statement of the damage should be completed for insurance purposes.

VANDALISM

Definition of Vandalism: Such willful or malicious acts as are intended to damage or destroy property.

Vandalism in Progress:

1. Mentally note the situation and the description of the vandal. Do not attempt to physically restrain the vandal(s). Use care: the vandal may be armed and dangerous.
2. Call the police immediately and inform them that a vandalism is in progress.
3. Remain available to assist the police with any information they may need.
4. Complete a Facility Incident Report when time permits.

Vandalism after-the-fact:

1. Immediately report the act of vandalism to your supervisor. Do not disturb the area in which the vandalism took place.
2. The supervisor should call the police immediately

WATER DAMAGE, FLOODS, AND LEAKS

People Management

1. Quickly evaluate the situation.
2. Do not allow anyone into a dangerous area. Take extreme care in avoiding electrical shock from wet electrical systems.
3. Post signs in affected areas to inform people of the danger.

Equipment Management

1. Cover the affected area if it is possible, safe and effective to do so.
2. Locate the source of the water and determine how it might be stopped.
3. Call (911) if fire suppressant lines are involved; water may affect electrical lines or junction boxes; water flow might cause structural failures. In which case, consider evacuating the building.

EMERGENCY PROCEDURES MANUAL SIGNATURE PAGE

I acknowledge that I have received a copy of the *Emergency Procedures Manual* from my Employer. I have read and understand the Employer's *Emergency Procedures Manual* and agree to abide by it as a condition of my employment.

Date

Employee Signature

Dec 31 2025

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Law Office of David E. Belser
Attorneys at Law

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dbelser@davidbelserlaw.com
Mary Elizabeth Belser
mbelser@davidbelserlaw.com

December 16, 2025

Hon. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, Alabama 36130
shpda.online@shpda.alabama.gov

Re: Letter request for Non-Reviewability Status of Birmingham Physicians Radiology, PLLC

Dear Ms. Marsal,

This firm represents Dr. Ross Barnett who is sole owner of Birmingham Physicians Radiology, PLLC, (hereinafter referred to as "this facility" or "facility"). This facility is owned exclusively by Dr. Ross Barnett and the services provided are diagnostic testing services including MRI, CT, Ultrasound and X-Ray. Attached hereto and marked exhibit A is the legal name of this facility, the d/b/a name, address, telephone number and list of services provided. Pursuant to the Alabama Certificate of Need Program Rules and Regulations ("CON rules") § 410-1-7-02, we are requesting a determination that the proposed conversion of this physician office location to an Independent Diagnostic Testing Facility ("IDTF") does not require a Certificate of Need review under Alabama Code § 22-21-260, *et. seq.* or the CON rules. Pursuant to CON rule § 410-1-7-02 (7) and (8), a payment in the amount of \$1,000 will be made to the Alabama State Health Planning and Development Agency through the SHPDA website payment portal. The following information is provided to assist in your review of this request.

The facility is solely owned by Dr. Ross Barnett. The service area and location will not change. This facility is American College of Radiology (ACR) accredited. The purpose for this conversion is to consolidate various functions of the office and reporting to CMS and other agencies. In addition, this conversion will facilitate third-party contracts with various payor sources. Dr. Barnett is a board-certified radiologist licensed to practice medicine in the State of Alabama. All professional radiology services will be rendered by Dr. Barnett or an employed radiologist. This facility will comply with all applicable state and federal licensure rules and regulations.

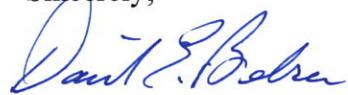
Dr. Barnett will continue to provide professional reading services to the patients. Dr. Barnett will not provide services to hospital inpatients or outpatients, nor by, through, or on behalf of a healthcare facility, as such term is defined by *Ala. Code* § 22-21-260 (6) and CON Rule § 410-1-2-05. All patient billing related to the provision of diagnostic services will be in the name of the facility or its physicians and not on behalf of any healthcare facility or third party.

As you are aware, the Alabama CON program regulates the establishment of new "institutional health services" which are "health services provided in or through healthcare facilities or health maintenance organizations, including the entity in or through which such services are provided." *Ala Code* § 22-21-260 (9). A freestanding IDTF is omitted from the definition of "healthcare facility" and has historically been viewed by SHPDA to not constitute a new "institutional health service" requiring CON review. Therefore, this facility is not a healthcare facility as such term is defined by the CON rules, is operationally, fiscally and otherwise separate from a healthcare facility, and thus, is not subject to CON review.

The conversion of this facility to a free standing IDTF will not involve any construction, development, acquisition or other establishment of a new healthcare facility. The professional services currently provided by Dr. Barnett will remain the same after this conversion. Furthermore, there is no cost associated with the conversion of this facility to an IDTF other than the fees associated with this request for non-reviewability.

Based on the foregoing, Dr. Ross Barnett, on behalf of this facility, requests your determination that the conversion of this facility to a IDTF is not subject to CON review under *Ala. Code* § 22-21-260, *et. sec.* and the CON rules. If you should have any further questions, please do not hesitate to contact me.

Sincerely,



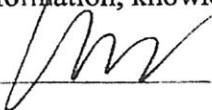
David E. Belser

(Affirmation of requesting party on next page)

Affirmation of requesting party

The undersigned, being first duly sworn, hereby make oath or affirm that he is the sole owner of **Birmingham Physicians Radiology, PLLC**, has knowledge of the facts in this request, and to the best of his information, knowledge, and belief, such facts are true and correct.

Affiant



SUBSCRIBED AND SWORN to before me this 29th day of December, 2025.


Notary public

My commission expires: 11/24/2029



STATE OF ALABAMA
JEFFERSON COUNTY

This is to certify that

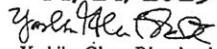


KRISTIN MORGAN RIDDESPERGER

is a duly appointed Notary Public for the State at Large.

Term:

11/24/2025 - 11/24/2029


Yashiba Glenn Blanchard
Judge of Probate

Law Office of David E. Belser
Attorneys at Law

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Mary Elizabeth Belser
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December 16, 2025

Hon. Emily T. Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building, Suite 870
Montgomery, Alabama 36130
shpda.online@shpda.alabama.gov

**Re: Response to SHPDA's Request for Additional Information Concerning Birmingham
Physicians Radiology, PLLC**

Dear Ms. Marsal,

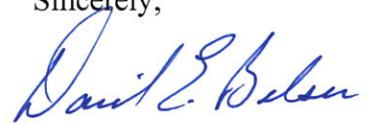
This letter is written in response to SHPDA's letter of November 12th, 2025 requesting additional information regarding the above referenced matter. Below is the specific response to each request for additional information:

- 1.) The service area is Jefferson County Alabama.
- 2.) The applicants' plan for physician presence is that Dr. Barnett or an appropriately trained contracted physician meeting CMS guidelines, will be present at the medical facility during working hours in Birmingham, Alabama. If Dr. Barnett or the contracted physician is not available, CMS rules allow for designated physicians listed on the CMS 855B enrollment form to supervise virtually and will be immediately available via technology (Real-Time audio and visual interactive telecommunications) to respond to any issues that may arise.
- 3.) As to the facilities Emergency Management Plan for this medical practice location please see attached - "Policy: Emergency Code Procedure in MRI", a "Crash Cart Checklist" and "Emergency Procedures Manual" by AMJ Management, LLC (which is solely owned by Dr. Barnett for all of Dr. Barnett's facilities).
- 4.) This facility is located .3 miles from Grandview Medical Center.

5.) See attached affirmation of the requesting party for the original LNR request. Furthermore, this letter is also attested to by the requesting party.

Should you have any additional questions please let me know.

Sincerely,

A handwritten signature in blue ink, appearing to read "David E. Belser".

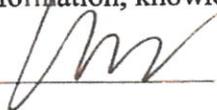
David E. Belser

(Affirmation of requesting party on next page)

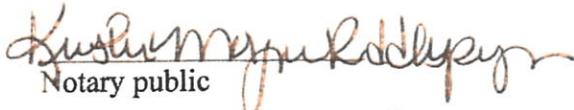
Affirmation of requesting party

The undersigned, being first duly sworn, hereby make oath or affirm that he is the sole owner of **Birmingham Physicians Radiology, PLLC**, has knowledge of the facts in this request, and to the best of his information, knowledge, and belief, such facts are true and correct.

Affiant



SUBSCRIBED AND SWORN to before me this 29th day of December, 2025.


Notary public

My commission expires: 11/24/2029



STATE OF ALABAMA
JEFFERSON COUNTY
This is to certify that

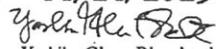


KRISTIN MORGAN RIDDLESPERGER

is a duly appointed Notary Public for the State at Large.

Term:

11/24/2025 - 11/24/2029


Yashiba Glenn Blanchard
Judge of Probate



Year _____

Crash Cart Checklist

Description	Location of Cart												Year											
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Drugs	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial	(✓)	Initial
Aspirin, 81mg tablets																								
Nitroglycerin spray or 0.4 mg tablets																								
Dextrose 50% (25% for pediatrics)																								
Narcan, 4mg/ml (6)																								
Epinephrine 1:10,000 Abboject (3)																								
Epinephrine 1:1,000 1 ml Ampule (3)																								
Atropine Sulfate, 1mg Abboject (3)																								
Amiodarone, 50mg vial (4)																								
EpiPen (Auvi-Q) 0.3 mg(2)																								
EpiPen JR (Auvi-Q) 0.1 mg(2)																								
Solumedrol, 40 vial																								
Benadryl (Diphenhydramine), 50mg vial (2)																								
Benadryl (Diphenhydramine), 25mg Capsules																								
Adenosine, 3mg (4)																								
Metroprolol (Lopressor), 25mg (1 Bottle)																								
Cardiazem, 5mg vial (2)																								
Pronestyl (Procainamide), 100mg/ml vial																								
Furosemide (Lasik) 10mg/ml Injection																								
Supplies																								
Airway, oral and nasal of varying sizes																								
Kings Airway Set (3)																								
Bag Valve Mask (adult and pediatric)																								
Nasal Cannula																								
Non-Rebreather Oxygen Face masks																								
IV Start Supplies																								
Alcohol Swabs																								
Tape																								
Angiocaths of varying sizes																								
Tourniquet																								
Cotton ball or gauze																								
Normal Saline Solution, 500-1000ml bag																								
IV Tubing																								
Salin Flush Syringes, 10 ml (3)																								
Other																								
Syringe Nasal Adaptor (nasal Narcan atomizer)																								
Oxygen supply																								
Oxygen extension tubing																								
AED - Checked																								



Policy: Emergency Code Procedure in MRI

Purpose

To provide a clear and structured response plan for emergency situations in the MRI suite, ensuring the safety of patients, personnel, and the integrity of the MRI equipment.

Scope

This policy applies to all personnel in the MRI department, including MRI technologists, radiologists, nursing staff, and emergency response teams.

Procedures

1. Identifying an Emergency

- An emergency code is activated when there is a critical situation that requires immediate action, such as medical emergencies (e.g., cardiac arrest, severe allergic reactions, or other life-threatening conditions), equipment malfunction, or quench events.
- Examples of emergency situations include:
 - Patient distress or collapse
 - Fire or smoke in the MRI suite
 - Quenching of the MRI magnet
 - Severe allergic reaction to contrast agents
 - Cardiac arrest or respiratory distress

2. Immediate Response Actions

- Medical Emergencies: Initiate immediate basic life support (BLS) or advanced life support (ALS) measures, as appropriate. Call for the emergency response team and notify the radiologist.
 - Important: Whenever feasible, remove the patient or individual experiencing the medical emergency from the MRI environment before initiating full resuscitation efforts or deploying emergency equipment. This prevents the risk of bringing non-MR safe equipment into the magnet zone.
- Magnet Quench: In the event of a quench, follow the emergency procedure for quenching (e.g., evacuate the MRI suite, notify the MRI service provider, and ensure the ventilation system is operating).
- Fire or Smoke: Evacuate the MRI suite, activate the fire alarm, and follow the institution's fire safety protocols.
- Equipment Malfunction: Power off the MRI machine if safe to do so, and contact the MRI service provider for technical assistance.

3. Patient Management



- Ensure the patient's safety and comfort throughout the emergency. If the patient is conscious, reassure them and provide necessary care.
- In case of evacuation, prioritize the safe transport of the patient, considering any potential risks related to the MRI environment (e.g., magnetic field effects on medical devices).

4. Communication

- Maintain clear communication with all involved personnel during the emergency, including:
 - The emergency response team
 - The radiologist or supervising physician
 - Any other departments that need to be informed (e.g., nursing, security)
- Keep the patient informed, if possible, to reduce anxiety and ensure they understand what actions are being taken.

5. Post-Emergency Procedures

- After the emergency, complete an incident report detailing the event and actions taken.
- Ensure that any necessary follow-up care or monitoring for the patient is arranged.

6. Training

- All MRI personnel must receive regular training on emergency codes and procedures.

Compliance & Review

- This policy should comply with institutional safety and emergency response standards.
- The policy will be reviewed annually, and after each emergency incident, to ensure its effectiveness and relevance.



EMERGENCY PROCEDURES MANUAL

AMJ MANAGEMENT, LLC

AMJ MANAGEMENT, LLC ("the Facility")

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ASSAULT **Immediate Response**

Assault in progress:

1. Call (911) and describe the incident.
2. Do not physically restrain the people involved.
3. Do not place yourself or others at risk.
4. If possible, obtain individuals' names.

Assault after-the-fact:

1. Take assaulted persons to a quiet place after assuring that she/he is not seriously injured. (Never move a seriously injured person.) Ask if there is anyone to be called.
2. If there appears to be a medical emergency, call (911). If the situation is not a medical emergency. State your name and location of the incident. Explain what happened and give the victim's name.
3. Notify front desk personnel to direct the emergency/police personnel to the victim's location.
4. Encourage victim to remain until police arrives, but do not forcibly detain her/him.
5. If either victim or assailant is an employee of the facility, also notify appropriate supervisor.

Additional Information

Assault is the crime of knowingly or recklessly causing or attempting to cause physical harm to another person. For your own safety, do not physically intervene in an assault situation. Do not physically detain assailant(s) or victim(s), but you should, of course, indicate to the police in which direction they have gone. Complete an Incident Report to document any action taken. Also, file an official police report.

BOMB THREAT

Immediate Response

People Management:

1. When the call is received, ask caller the following.
 - a. When is the explosive device set to explode?
 - b. Where is it right now?
 - c. What does it look like?
 - d. What kind of explosive device is it?
 - e. What will cause it to explode?
 - f. Did you place the explosive device?
 - g. What is your name?
 - h. What is your address?
 - i. What is your group's name?
 - j. Why did you place the bomb here?

IF POSSIBLE, WRITE DOWN THE EXACT WORDING. REFER TO THE "EXPLOSIVE DEVICE DATA CARD" FOUND ON THE FOLLOWING PAGE.

2. Listen for voice inflections, tonal qualities and background noises.
3. Try to get another person's attention during the call to have them call (911) on another phone to call police and have the threatening call traced.
4. After the conversation, DO NOT HAND UP THE PHONE. The call may be traceable by the authorities.
5. Use another phone immediately to call (911). Solicit advice from the police.
6. Contact the supervisor.
7. If so directed, evacuate the building to a point of safety.

DO NOT HANG UP PHONE AFTER RECEIVING A THREAT! DO NOT TOUCH ANY STRANGE OBJECTS OR PACKAGES!

Building Management:

1. Do not activate fire alarms. Vibrations from alarm can trigger the explosion.
2. Shut off all portable radios. (Some caps can be detonated by radio wave.)

3. Await instructions regarding building evacuation.
4. If requested, assist police in visually identifying any strange objects or packages in the area.
Do not touch any strange objects or packages.
5. If nothing is found in the area, post an "Area Clear" sign outside the area's entrance.
6. Open all windows and unplug appliances (to lessen potential bomb impact or damage).

EXPLOSIVE DEVICE DATA CARD

QUESTIONS TO ASK:

(If possible, write down exact wording.)

1. When is the explosive device set to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of explosive device is it?
5. What will cause it to explode?
6. Did you place the explosive device?
7. What is your address?
8. What is your name?
9. What is your group's name?
10. Why did you place the bomb here?

EXACT WORDING OF THE THREAT:

Sex of caller: _____

Race/Nationality: _____

Age: _____

Phone number at which call is received: _____

Time/Date: _____

Length of Call: _____

DO NOT HANG UP THE PHONE!

CALLER'S VOICE:

Calm Stutter Slow Rapid Ragged
 Laughter Normal Accent Excited Raspky
 Deep Loud Crying Disguised Slurred
 Angry Soft Cracked Voice Distinct Familiar

If voice was familiar, who did it sound like: _____

BACKGROUND SOUNDS:

Street Noises Animal Noises PA System Music
 Motor House Noises Office Machinery

THREAT LANGUAGE:

Well Spoken Incoherent Foul Irrational
 Message read by threat maker

REMARKS:

Give responding officers the information on this sheet.

Date: _____

Name: _____

Position: _____

Phone Number: _____

BUILDING TAKEOVER (Demonstration, Riot, etc.)

Immediate Response

1. Remain calm and do not panic others.
2. Use caution if defending the practice. Resistance may lead to bodily harm and increase destruction of property.
3. Call the Police (911) if possible. State you name, exact location and explain what is happening.
Include:
 - a. Where are the people?
 - b. How many?
 - c. Does it appear that damage or destruction is imminent?
 - d. Is the building being occupied?
 - e. Does the crowd seem rational and organized?
 - f. Is there an obvious objective?
4. Notify supervisor and give exact information.
5. If there appears to be a leader of the group, a supervisor should talk to him/her to discover the takeover's purpose.
6. Your first responsibility is the safety of the people in the facility.

CARDIAC OR RESPIRATORY ARREST

1. Check the person for breathing and a pulse.
2. If there is no breathing or pulse, immediately call for help.
3. Front desk will dial (911).
4. Initiate basic life support (CPR) until emergency medical services arrives. Only trained individuals should administer CPR and first aid.
5. Individuals must use goggles, rubber gloves and the CPR face shield.
6. Front desk will direct the emergency medical service (EMS) to the victim.
7. Clear the area and assist as needed.
8. Contact the victim's family and physician as necessary.
9. Contact supervisor.

CHILD UNATTENDED

Immediate Response

1. Assess the situation:
 - a. If the child is engaging in potentially harmful activity, ask the child to stop. If the child is in extreme danger, you may need to remove him/her physically from harm.
 - b. If the child appears to be lost, offer assistance. Reassure the child and keep him/her calm.
2. Obtain the name, location of parent/guardian from the child.
3. If parent/guardian is located at the facility, take the child to the parent/guardian and explain the problem.
4. If unable to locate parent/guardian, take the child to the front desk and call Police at (911).
5. It is advised that facility personnel should not be alone with the child; it is always best to have at least two adults with the child to avoid possible misunderstandings and/or accusations of child molestation.
6. Because of possibility that the child may be diabetic or have allergies, do not give the child food or candy.

If the child becomes fearful or uncooperative and refuses your assistance, do not become assertive. Do not chase the fleeing child or attempt physical restraint unless the child is in extreme physical danger. If the child runs away, try to keep him/her in your sight and ask others to assist you by calling the Police. If the child becomes threatening, call the police immediately!

DANGEROUS INTRUDER

Procedure:

Disorderly person in the facility

1. If a person/persons are disorderly and threatening, personnel will make their presence known and ask them, calmly, to leave the facility.
2. If the person refuses to leave and personnel feel they may need assistance they will notify the entire staff with a page of "CODE BLUE".
3. The supervisor and all available staff will immediately report to the area in a calm and orderly fashion.
4. The supervisor will attempt to escort the person/persons from the facility.
5. The supervisor will determine whether law enforcement should be notified.
6. If the person refuses to leave and offers resistance. The supervisor will attempt to contain the person/persons in an area which will not interfere with the normal operations of facility until law enforcement arrives.
7. If violence erupts, do not place yourself in jeopardy. Remove any objects from the area that may be a potential weapon. If time permits, move the furniture or equipment that could injure a person if fallen upon.

Emergency Assistance:

1. If the personnel require physical assistance with a patient, they notify all the staff with a page of "Attention: Code Blue" and the location of where the physical assistance is required.
2. The supervisor and staff will immediately respond to the area to give assistance, reporting in a calm and orderly fashion.
3. Involved personnel will determine if medical assistance is required and phone for emergency assistance.
4. If medical assistance is required, involved personnel will stabilize the client making them as comfortable as possible until qualified emergency assistance has arrived.

Off-Premise Disorder:

Should an off-premise situation involving violence be observed by a staff member or patient they are to remain in the building. If the disturbance moves onto premises,

Do the following:

1. Lock all doors
2. Do not let anyone except facility personnel inside.
3. Pull the shades in case of broken glass
4. Call the Police (911)

DISRUPTIVE, INAPPROPRIATE AND UNACCEPTABLE BEHAVIOR

Immediate Response

General Guidelines:

1. Do not place yourself at risk. When necessary, seek advice or assistance with a discrete call the Police (911).
2. Ask the person(s) to stop creating the disturbance or to stop the inappropriate or unacceptable behavior. If the violence has occurred or hostility is evident, contact a supervisor immediately.
3. Speak calmly and firmly to the person(s). Do not get into an argument. Do not touch the person.
4. Inform the on-duty supervisor of the action taken.
5. If he/she has not stopped in response to the request in 2 above, ask the person creating the unacceptable behavior to leave the facility. Call the police at 911. State your name and exact location of incident and explain what is happening.
6. Notify front desk personnel to direct emergency/police personnel to specific location.
7. Complete a Facility Incident Report as the time permits.

Suggestions for dealing with disturbed people:

1. Remain calm.
2. Repeat your request if necessary.
3. Do not argue with outrageous statements.
4. Be explicit.
5. Stay in control of the situation, do not allow the person to manipulate you.
6. Avoid humor or personal remarks.
7. Alert other staff when strange behavior occurs.
8. Be considerate, listen to the whole explanation even if you have heard it a thousand times before.

9. Offer a choice of actions or alternatives, if you can.
10. Be a team player when confronting a disturbed person, get help. Do not try to handle it alone.
11. Give support to another staff member who has had to confront a disturbed person.
12. Never try to restrain or detain a person forcefully. Do not touch a disturbed person.

Additional Information

People smoking in the facility: If the patient is smoking in an open area and seems to be unaware of the facility policy that disallows smoking inside, simply ask him/her to extinguish the cigarette (or cigar or pipe) immediately and to step outside to smoke. Advise him/her of the facility policy that prohibits smoking within the building. If the smoker is being surreptitious (e.g., hiding in a hallway or bathroom), ask him/her to extinguish the cigarette immediately.

Monitoring "bizarre but, non-threatening behavior": Realize that there is a thin line between surveillance and harassment. Employees' duties involve observation to protect the facility patients and equipment. Discreet observation of alleged suspicious behavior is advised. Avoid "invading the space" of the alleged suspicious person. Report observed behavior to supervisor.

The following are descriptions of types of disruptive, inappropriate, or unacceptable behaviors, with the steps that should be taken when each type of behavior is encountered.

Angry Verbal Abuse

1. Normally calm and reasonable facility patients may be aggravated into disruptive behavior by frustration: a bill they feel is undeserved, misunderstanding a scan time, etc. Your goal is to defuse the patient's anger.
2. Acknowledge existence of the problem: Explain the procedures, describe the steps that can be taken to solve the problem. Listen supportively, with empathy and understanding.
3. Be aware that the patients' anger is not directed at you but, that it is from inner frustration.
4. Enlist the aid of the supervisor or another staff member. If the complaint seems legitimate, refer the problem to the supervisor.

Personal Verbal Abuse

1. Should not be tolerated. If a patient's tirade goes beyond the criticism of the facility and focuses on you, retreat from the confrontation immediately and call another staff member to take over this patient.
2. If you are alone, call for assistance.

Disruptive, inappropriate, or unacceptable behavior, destruction of Facility materials

Examples of this would be:

1. Writing in books or magazines, cutting out pages, damaging the furniture, using materials destructively, etc.
2. If action seems to be accidental, unintentional or minor (such as writing in a book or magazine), tell the patient to stop. If the patient is cooperative, and this is a first offense, you may want to handle the problem yourself, that is, have the patient replace the material, otherwise make restitution. This is a judgment call. If action seems deliberate and seriously destructive, call the police and describe the situation. Secure damaged materials as evidence. If the patient leaves the area, be prepared to give police a physical description, and to file a formal complaint. If the patient does not leave the area, complete a formal complaint to police and complete a Facility Incident Report.

Bizarre but, non-threatening behavior

Examples of this would be:

1. Random, senseless movements; erratic, inappropriate, abnormal actions that are distracting to others.
2. Approach patients directly, ask if the patient needs assistance. Enlist the aid of another staff member if possible. Tell the patient the behavior is distracting and disturbing to other facility patients and must be stopped. Be direct and firm. Ask the patient to leave. If behavior continues call the police and give your name, location and telephone number.

Disruptive Behavior

1. Loud talking, singing, approaching other patients and engaging them in unwanted and inappropriate interaction.
2. Ask the patient to be quiet. Inform the patient that the behavior is disturbing to the other facility patients and must be stopped.
3. Enlist the aid of another staff member. Tell the patient firmly to leave. If the patient does not quiet down or leave the facility, call the police (911). Give your name, address and telephone number.

Suspicious Lurking

1. Person seems out of place and is not scheduled as a facility patient or associated with a patient.
2. This person seems to be watching other patients or their belongings or attempts to enter a non-public area.
3. Ask if the person needs assistance.
4. Watch the person and notify other staff members. If the person's response is not appropriate or evasive, call the police, even if this person has left the area. Give your name, address and telephone number.

Obscene Phone Calls

1. Always hang up immediately.
2. Call the police and ask to file a report with an officer. Be prepared to describe what you can recall of the caller's voice, sex, approximate age, what the caller said and to describe any background noises.

Sexual Offenses

1. Call the police and give your name, address and telephone number.
2. The patient or employee to whom the behavior was directed towards may be upset. Do not try to get the patient or employee to give you details in a public area. Try to take the patient or employee to an office or an area away from others. If possible, it is best to have the victim talk directly to the dispatcher or the officer on site. Be supportive of the feelings of the patient or employee.

Threats to Personal Safety or Staff and Patients

1. Call the police immediately. If the person is armed, inform the dispatcher. Give your name and address when describing the problem. Have someone stay on the line with the police dispatcher. Without risking your own safety or inflaming the situation, try to get other staff, patients and yourself out of the area.

Filing a Formal Complaint with the Police

1. Be prepared to take this action when the disturbance is serious.
 - a. Examples: exposure, assault, violent behavior, destruction of facility materials, ongoing or repeated disturbance of the peace and only you have witnessed

the behavior of the suspect or the victim. Police officers cannot arrest someone for an action they have not witnessed unless the person who has observed the behavior is willing to file a formal complaint.

2. In filling a formal complaint, you are making a charge that may lead to a person's arrest. It is possible that you may be asked to appear in court. As an on-duty facility employee you are legally considered to be working as a representative under the authority of the facility, so in a sense, you are not acting alone. The statement may be filed with the District Attorney. The officer at the scene will advise you.

EXPLOSION **Immediate Action**

People Management:

1. Call the police to report the explosion.
2. Initiate the fire protocol and evacuate from the building.
3. Report to emergency personnel the location of any person(s) unable to be evacuated.
4. Trained persons should administer first aid or CPR only.
5. Notify supervisor.
6. Await the "all-clear" signal from emergency personnel before re-entering the building.
7. Complete a Facility Incident Report when time permits.

Additional Information:

Fire or flammable vapors, leaking gas, faulty heating systems, or bombs may cause explosions. An explosion may cause shelving collapse, structural failure, fire, and/or water damage. After the explosion, notify the Fire Department if not already done. The primary concern is to evacuate the building to avoid further injury. The building should not be re-entered until the authorities have given the "all-clear" to enter.

Trained persons should administer first aid or CPR only. Report the location of injured persons to the emergency personnel. It is important to be aware of other people working in the area since explosions can cause structural collapse, which could injure or trap individuals.

FIRE **Immediate Response**

1. When a fire is noticed by any employee and /or person within our building, the individual must announce the fire via the paging system installed on all phones using the following instructions:
 - a. Announce code red, twice if possible.
 - b. The front desk will dial (911) and report the address of the fire.
 - c. If the fire is small and can easily be contained (for example, a fire in a waste basket), use one of the nearby fire extinguishers to put out the fire.
 - d. Fire extinguisher locations are indicated on the Facility Site Floor Plan.
2. If the fire cannot be rendered under control by use of fire extinguishers, assist others in the evacuation of the building.
3. All patients will be instructed to evacuate the building through the appropriate exit as outlined in the evacuation procedures.
4. Close all windows and doors.
5. Keep all lights on
6. Unplug all electrical equipment, if conditions allow. Push the Emergency Shut Off button for Scanner (if fire is in the area, otherwise do orderly shutdown).
7. Stand at exterior door to ensure that no one will re-enter the building. Direct the Fire Department and other emergency personnel to the area.
8. Be sure all employees and patients are accounted for.
9. If the situation has been rendered non-threatening to life and property, a decision will be made whether or not to cancel the 911 call. This decision will be made by whoever is in charge at that time.

ADDITIONAL INFORMATION

If the fire is small and can be easily contained use a fire extinguisher to put it out. Do not use a water hose on an electrical fire. Most extinguishers are multi-purpose "A-B-C" and can be used on all fires. IMI employees should know in advance what type(s) of fire extinguishers are available and where they are located.

If the fire cannot be easily contained, call 911 and evaluate the building. Doors should be closed to help contain the fire. If someone refuses to leave the building, report his or her

location to the emergency personnel. Handicapped people should be assisted (if needed) to the nearest exit. The location of handicapped individuals should be reported to the emergency personnel. Carrying the handicapped individual may result in injury to one or both parties.

If there is intense smoke, a wet rag or towel held over the nose and mouth may minimize smoke inhalation. Staying close to the floor and crawling, if necessary, is also helpful in a smoke-filled area.

Know the following:

1. Fire Exits-refer to your area floor plan
2. Fire Extinguishers (and what type)
3. Code Red is used when announcing a fire. For example: If the fire is in the kitchen, the announcement would be "Attention: Code Red kitchen area"
4. The front desk is responsible for dialing 911.
5. The front office staff are responsible for evacuating patients located in the Front Office, Waiting Room, Patients' restrooms, and kitchen via the front main exit.
6. The Technologist is responsible for evacuating patients located in the control room, scan room, dressing rooms, equipment room via the rear exit.
7. The staff and patients will all meet in the front parking lot.

FUMES **Immediate Response**

1. Shut off all electrical equipment such as photocopiers and computers.
2. Assess the severity of the fumes and possible sources. Inform the manager.
3. If necessary, evacuate people from the area. Assist those individuals requiring help. Only trained individuals should administer CPR and First Aid.
4. If an emergency, call 911.
5. Notify the front desk personnel to direct the emergency personnel to the location. Wait for the "all-clear" signal before reentering the area.
6. Complete a Facility Incident Report.

Building Management

1. Secure the dangerous area to avoid further problems. Post Signs.
2. Do not use a match or candle. Gas leaks may cause explosions.
3. Open windows and doors for ventilation.

Additional Information

Toxic fumes may emanate from: mechanical equipment, stored chemical, substances used in construction, such as floor sealant, chemical cleansers, pest fumigation and other sources.

Toxic fumes may cause dizziness, headache and nausea. Extended exposures to some fumes can result in weakness and even unconsciousness. Contact with chemicals or inhalation of fumes may result in chemical burns and allergic reactions in some cases.

If toxic fumes are detected, determine the severity of the fumes and the source of the fumes. Contact the manager and explain the situation. If necessary, evacuate the area and assist those individuals who are unable to be evacuated. Secure the area to avoid further problems. Post signs.

In emergency situations call 911.

If toxic fumes have overcome someone, get help from others before you decide to rescue or move the victim. Fumes could overcome you in attempting to rescue someone else.

MEDICAL ASSISTANCE

Immediate Response

People Management-Patients:

1. Call (911), if necessary.
2. Arrange for someone to remain with the injured person until medical help arrives.
3. Notify the front desk personnel to direct emergency personnel to the victim's location.
4. Keep the person calm and comfortable but do not attempt to move him/her in any way.

People Management - Employees:

1. Call (911), if necessary.
2. Keep someone with the injured person until help arrives.
3. Notify front desk personnel to direct emergency personnel to the victim's location.
4. Keep the person calm and comfortable but do not attempt to move him/her in any way.
5. Injured employees generally should be referred to or taken to the nearest hospital emergency room.

ONLY TRAINED INDIVIDUALS SHOULD ADMINISTER CPR OR FIRST AID.

POWER OUTAGES

Immediate Response

People Management:

1. Report the outage to management.
2. Safety first: Account for all on-duty employees and patients in the area. If necessary, evacuate the affected building or area.
3. Power outages, especially during the night hours, can be settings for rapes and assaults.

Building Management:

1. Shut off copiers, computers, and other office machines to avoid damage from surges when the power is restored.
2. Assist authorities in the check for electrical circuits or structural damage, which may have caused the outage.

RAPE AND SEXUAL ASSAULT

Immediate Response

People Management:

1. Find a quiet place for the survivor to sit, preferable in a closed office. Be aware of the potential for shock. Try to keep the survivor calm, and quiet.
2. Ask if there is anyone to be called and assist in making the call if necessary. Ask if the person if they want the Rape Crisis Center contacted. Do not question the survivor about the incident but listen if she/he wishes to talk.
3. Call (911) to report the rape and to summon, if necessary, medical assistance. If possible, obtain a description of the alleged perpetrator from the survivor to give to police.

NOTE: The survivor should be advised of this response. Many survivors do not wish to participate in reporting and should be given the opportunity to limit personal participation in the reporting. In other words, report the incident, but do not assume that the survivor will want to be involved.

4. Notify front desk personnel to direct emergency personnel to the survivor's location.
5. Encourage the survivor to remain until the Police arrive, but do not restrain if she/he insists on leaving. Inform the survivor that participating in reporting is not required, but that it is an option.
6. If the survivor or the alleged rapist is a Facility employee, also notify appropriate supervisor.

SHELVING COLLAPSE

Immediate Response

People Management:

1. Inspect the area for injured or trapped people.
2. Call (911), if there are injuries. Only trained individuals should administer CPR and first aid.
3. Evacuate people from the accident area.
4. Complete a Facility Incident Report when time permits.

The collapse of shelving units can cause severe injury or death. In the event of such an occurrence, inspect the area to ascertain if any person has been injured or trapped.

The collapse of shelving can be the result of excessive weight, poor construction, explosion, severe weather, earthquakes, floods, natural deterioration or other causes. Shelving should be inspected on a regular basis to assure that it is stable and secure. When a collapse has occurred, the management should be contacted. At all times it should be remembered that human safety is the top priority.

STRUCTURAL FAILURE (Collapsed Walls, Ceilings, other major failures)

Immediate Response

People Management:

1. Any structural failure must be reported as an emergency. Call (911) immediately.
2. Inspect the area for injured or trapped people.
3. If there are injuries, call (911). Only trained individuals should administer CPR or first aid.
4. Evacuate people from the accident area when unsafe conditions exist. Secure the area to avoid injury or further problem.
5. Check and report any damage to equipment.
6. Check and report any structural damage to the building. Secure the area to avoid further injury.

THEFT **Immediate Response**

Theft in Progress:

1. Mentally note the situation and the description of the thief. Do not attempt physically to restrain the thief. Use care: the thief may be armed and dangerous.
2. Call the police immediately and inform them that a theft is in progress.
3. Notify the front desk of the situation and the action you have taken. Give them a description of the thief. Staff may notice what direction the thief takes and can inform the police.
4. Be available to assist the police with any information they may need.

Theft After-the-Fact:

1. Immediately report the theft to the manager.
2. Do not disturb the area in which the theft has occurred. This could impede the police from obtaining evidence.
3. Make a list of items that are missing.
4. Complete a Facility Incident Report.

Theft of patient's belongings:

1. Inform the victim of the need for a police report to expedite the recovery of lost items. The manager must prepare a written communication, which may be used to report the incident to the insurance company. The statement should include how, when, and by whom the theft was discovered; the date of the police report and the name of the officer to whom reported; a complete listing of any losses and/or damages suffered by building or property .and information pertinent to the situation.
2. If damage to the building has resulted from the theft or from forced entry, repairs should be made immediately.

TORNADO

People Management

During a Tornado Watch:

A "Tornado Watch" means that weather conditions in your area are conducive for tornadoes to develop.

1. Listen to the radio for weather updates.
2. Stay alert to weather changes.

During a Tornado Warning:

A "Tornado Warning" means that a tornado has been seen in your area and you should seek safety immediately.

1. Direct patients and employees to the buildings designated "safe area". This area should be located away from windows, in an inner room or a basement.
2. Employees should bring a radio to the "safe area".
3. Every patient and employee will be covered with a blanket and should shield their head and face with their arms.
4. Wait for the all-clear announcement from the radio before leaving the "safe spot".
5. Call (911) if emergency services are needed.

Equipment Management:

1. If there is time, turn off equipment. Do not turn off surge protectors. Do not put yourself at risk.
2. Damage to equipment should be assessed after the severe weather has passed. When necessary contact your manager.

HURRICANE

1. Once the area has been placed on a "Hurricane Watch" monitor the radio for weather bulletins.
2. Once the area has been placed on a "Hurricane Warning", the front desk should notify patients and employees. Employees should prepare for possible evacuation.
3. When leaving turn off all equipment and secure the building.
4. After the severe weather has passed, assess any damage to the building. A written statement of the damage should be completed for insurance purposes.

VANDALISM

Definition of Vandalism: Such willful or malicious acts as are intended to damage or destroy property.

Vandalism in Progress:

1. Mentally note the situation and the description of the vandal. Do not attempt to physically restrain the vandal(s). Use care: the vandal may be armed and dangerous.
2. Call the police immediately and inform them that a vandalism is in progress.
3. Remain available to assist the police with any information they may need.
4. Complete a Facility Incident Report when time permits.

Vandalism after-the-fact:

1. Immediately report the act of vandalism to your supervisor. Do not disturb the area in which the vandalism took place.
2. The supervisor should call the police immediately

WATER DAMAGE, FLOODS, AND LEAKS

People Management

1. Quickly evaluate the situation.
2. Do not allow anyone into a dangerous area. Take extreme care in avoiding electrical shock from wet electrical systems.
3. Post signs in affected areas to inform people of the danger.

Equipment Management

1. Cover the affected area if it is possible, safe and effective to do so.
2. Locate the source of the water and determine how it might be stopped.
3. Call (911) if fire suppressant lines are involved; water may affect electrical lines or junction boxes; water flow might cause structural failures. In which case, consider evacuating the building.

EMERGENCY PROCEDURES MANUAL SIGNATURE PAGE

I acknowledge that I have received a copy of the *Emergency Procedures Manual* from my Employer. I have read and understand the Employer's *Emergency Procedures Manual* and agree to abide by it as a condition of my employment.

Date

Employee Signature
