

# UNIVERSITY OF TOLEDO

SUBJECT: RADIATION WORKER PREGNANCIES

Procedure No: HM-08-008

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## PROCEDURE STATEMENT

If a pregnant radiation worker (anyone working with radiation-emitting equipment or radioisotopes) wishes to participate in a fetal radiation monitoring program, she must declare her confirmed pregnancy by written notification to the Radiation Safety Office, who will provide information on biological effects and radiation protection and will establish a radiation monitoring program specific to her pregnancy.

## PURPOSE OF PROCEDURE

To ensure that the radiation level to the fetus of a declared pregnant female is maintained below regulatory limits and as low as reasonably achievable.

## PROCEDURE

1. After confirmation of pregnancy; if the radiation worker chooses to declare her pregnancy, a written declaration of pregnancy form provided by Radiation Safety Office must be completed by the radiation worker and hand delivered to the Radiation Safety Office for further instructions and education (see attached form).
2. The radiation worker meets with the Radiation Safety Office to receive information and establish a program of radiation monitoring.
3. The primary method of monitoring fetal exposure from external radiation sources will be a dosimeter properly worn near the waist and under any protective device (lead or lead equivalent apron or skirt & vest).
4. The radiation worker's fetal radiation exposure will be reviewed monthly by the Radiation Safety Officer and any radiation level that requires action will be discussed with the radiation worker and her supervisor. A plan of action will be documented at that time.

Source: Radiation Safety Office

Effective Date: 1/2/94

Review/Revision Date: 3/21/95  
5/21/96  
1/27/99  
7/8/02  
2/22/05  
2/18/08  
2/3/11  
12/10/13  
09/29/16  
09/27/19  
09/27/22



## Environmental Health and Radiation Safety Radiation Safety Office

### Request for Fetal Badge Monitoring

#### Personal Information

Fill out all fields for the personal information of the radiation worker.

Legal Name	_____	Rocket ID #	_____
Email	_____	Birthdate	_____
Department	_____	Estimated Due Date	_____
Title/Position	_____	Estimated Conception Date	_____

Are you currently wearing a dosimeter?      Yes      No

If you answered no to the above question, please fill out a Dosimeter Request Form.

#### Other Employment as a Radiation Worker

Institution	_____	Institution	_____
Address	_____	Address	_____
City/State	_____	City/State	_____
Contact Info	_____	Contact Info	_____

#### Applicant Agreement

- I voluntarily declare my pregnancy
- I have received instruction from the RSO or his designate and understand the material presented and was provided a discussion period, during which my questions were answered satisfactorily.
- I understand that NRCP recommendations and NRC Regulation 10CFR 20 limit the radiation dose to the embryo/fetus to 500 mrem during the term of pregnancy. The primary method of monitoring exposure from external radiation sources will be a dosimeter properly worn by me near the waist and under any protective device.
- I acknowledge that my dosimetry records indicate a whole body exposure of \_\_\_\_\_ mrem from the time of conception through the date of my declaration of pregnancy.

I authorize the University of Toledo to receive a summation of all pertinent previous and/or concurrent occupational radiation exposure data. I agree to return all dosimeters in a timely manner and report losses promptly. I understand that failure to return dosimetry may result in fines to my department.

Signature \_\_\_\_\_ Date \_\_\_\_\_