

# UNIVERSITY OF TOLEDO

SUBJECT:  
Procedure No: HM-08-008

RADIATION WORKER PREGNANCIES

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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

## Radiation Safety Office Control of Radiation Exposure During Pregnancy

Name (Print) \_\_\_\_\_  
Last First Middle Initial

Department \_\_\_\_\_

Other Employment as Radiation Worker. If none, initial here \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone # \_\_\_\_\_

In signing this form, it is acknowledged that:

1. I voluntarily declare my pregnancy. My estimated date of conception is (MM/YR)\_\_\_\_\_
2. I have received oral instruction and have read and understood the material presented in U.S. Nuclear Regulatory Commission Guide 8.13, Revision 3 (June 1999).
3. The University of Toledo Radiation Safety Officer or his designate provided a discussion period following the above instruction, during which my questions, if any were answered satisfactorily.
4. NCRP recommendations and ODH 3701:1-38-12(H) limit the radiation dose to the embryo/fetus to 0.5 rem 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.
5. I acknowledge that my personal dosimetry records indicate a whole body exposure of \_\_\_\_\_mrem from the time of conception through the date of my declaration of pregnancy.

**I understand the radiation dose to my embryo/fetus during my pregnancy will not be allowed to exceed 0.5 rem (500 millirem) I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.**

Signed \_\_\_\_\_ Date \_\_\_\_\_