


<b>Name of Policy:</b> <u>Staff pregnancy</u> <b>Policy Number:</b> 3364-134-61 <b>Department:</b> Radiation Oncology <b>Approving Officer:</b> Chief Executive Officer - UTMC Professor & Chairman, Radiation Oncology <b>Responsible Agent:</b> Technical Manager, Radiation Oncology <b>Scope:</b> Radiation Oncology	  <b>Effective Date:</b> 7/1/2023 Initial Effective Date: 10/1/1980
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

If a pregnant radiation worker wishes to participate in a fetal radiation monitoring program, she must declare her confirmed pregnancy by written notification to the Radiation Safety Officer, who will provide information on biological effects and radiation protection, and will establish a radiation monitoring program specific to her pregnancy.

**(B) Purpose of Policy**

To ensure that radiation levels to the fetus are maintained below regulatory limits and as low as reasonably achievable.

**(C) Procedure**

1. After confirmation of pregnancy, the radiation worker verbally notifies the Radiation Safety Office.
2. A written declaration of pregnancy form provided by the Radiation Safety Office is completed by the radiation worker (see attachment).
3. The radiation worker meets with the Radiation Safety Officer to receive training and establish a program of radiation monitoring.
4. If requested, the Radiation Safety Officer will treat the declaration of pregnancy as confidential, when possible.
5. The radiation worker's radiation exposure will be monitored and reviewed monthly 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.

<b>Approved by:</b>  <u>/s/</u> _____ <u>07/14/2023</u> Mersiha Hadziahmetovic, MD Associate Professor & Chair, Radiation Oncology  <u>/s/</u> _____ Richard P. Swaine Chief Executive Officer - UTMC  <i>Review/Revision Completed By:</i> Michelle Giovanoli	<b>Review/Revision Date:</b> 11/1992 9/1993 2/1995 2/1996 3/1997 4/1999 3/2002 1/2007 5/2008 7/1/2011 7/1/2014 7/1/2017 5/1/2020 7/1/2023  <b>Next Review Date:</b> 7/1/2026
<b>Policies Superseded by This Policy:</b> 38-61a	



## 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 \_\_\_\_\_

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Are you currently wearing a dosimeter?      Yes      No

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

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#### Other Employment as a Radiation Worker

Institution \_\_\_\_\_ Institution \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ City/State \_\_\_\_\_  
Contact Info \_\_\_\_\_ Contact Info \_\_\_\_\_

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#### 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 NRC 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 \_\_\_\_\_