(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.

Approved by:

/s/ Haitham Elsamaloty, MD
Chairman & Professor, Radiology

/s/ Ryan Landis, BSRT, (R) (CT)
Director, Radiology

Review/Revision Date:
4/26/1999
5/1/2002
9/26/2005
5/28/2008
5/20/2011
6/3/2014
6/1/2017
6/1/2020
6/1/2023

Next Review Date: 6/1/2026

Policies Superseded by This Policy: R-018
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/YY)__________

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 ____________________

Pregnancy declaration Form Addendum to Policy 3364-135-103