

## **ST. PHILIP'S COLLEGE RADIOGRAPHIC TECHNOLOGIST PREGNANCY POLICY**

Students may continue enrollment in educational programs and activities. It is the individual student's responsibility to read and adhere to the guidelines set forth in this policy for radiation protection of the embryo-fetus.

Definition of a declared pregnant student:

A female student who has voluntarily informed the RSO, in writing, of her pregnancy by completing the Declared Pregnancy form.

1. It is the discretion of the student to notify the Radiation Safety Officer or Program Director of any suspected or known pregnancy. After notification, the student will be advised of additional protective measures to be taken.
2. The Radiation Safety Officer will counsel the declared pregnant student concerning the effect of exposure of ionizing radiation in utero and the additional protective measures necessary to protect the embryo-fetus.
3. The declared pregnant student will acknowledge by signature, an understanding of the instructions received during the counseling session regarding the mutual responsibilities for protection of the embryo-fetus during her pregnancy.
4. In agreement with the National Council on Radiation Protection and Measurements (NCRP) Report No. 116, the embryo-fetus is regarded as a separate entity, distinct from the woman who is a radiation worker and is not subject to the occupational limits, but rather to lower limits that are necessary for its adequate protection.
5. In compliance with NCRP Report No. 116, NCRP Report No. 105 and the Texas Regulation for Control of Radiation rule 289.232, Texas Department of State Health Services, the total dose equivalent limit the RSO must ensure that the dose to the embryo/fetus does not exceed 0.5 rem (5 mSv) during the entire pregnancy. Once a pregnancy becomes known, exposure of the embryo-fetus shall be no greater than 0.05 rem (0.5 mSv) in any month.
6. In compliance with NCRP Report No. 105, the declared pregnant student will be provided a second monitoring device to ensure that the dose equivalent to the embryo- fetus does not exceed 0.05 rem (0.5 mSv) in a month. This monitor should be worn at the waist level and under any protective apron being worn by the woman.
7. Upon request of the declared pregnant student, the RSO or Program Director will provide provisions in effort to assure radiation exposure to the student and embryo- fetus are kept as low as reasonably achieve (ALARA).
8. The monthly radiation monitoring exposure report is available for viewing in the offices of the Radiation Safety Officer, Center for Health Professions (CHP).
9. The declared pregnant student may undeclare their pregnancy at any time during the program.

## DECLARED PREGNANCY POLICY STATEMENT BY STUDENT

I verify by my signature below the following:

1. I have voluntarily notified the St. Philip's College Radiography Program Director of my pregnancy.
2. I have been advised by the Program Director or Radiation Safety Officer (RSO) of the protective measures and risks associated with radiation exposure to the fetus.
3. I have received an additional dosimeter that I am wearing at waist level to monitor the radiation dose to the fetus.
4. I understand that by wearing a 0.5 mm lead equivalent protective apron, the dosage to the abdomen and pelvis in general can be reduced substantially.
5. I have discussed questions/concerns about radiation safety during my pregnancy with the Program Director and/or RSO. In the event any additional questions arise, I can consult with the Program Director/RSO.
6. I understand the risks involved to the fetus and myself during my pregnancy in regards to pregnancy and related radiation safety.
7. I am aware a leave of absence from the Program may be granted.

I DO ELECT / DO NOT ELECT to remain in the Program and adhere to the requirements as stated in the handbook.

I DO / DO NOT understand that I have the option to withdrawal my declaration of my pregnancy in writing at any time.

I DO / DO NOT understand that I have the option to continue the program without any modifications.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RSO Name (Printed)

\_\_\_\_\_  
RSO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Name (Printed)

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

## UNDECLARED PREGNANCY POLICY STATEMENT BY STUDENT

I, \_\_\_\_\_(print name), verify by my signature below that I wish to voluntarily have my pregnancy undeclared without modifications.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date