



**VERA Z. DWYER COLLEGE
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND

**TITLE: Radiography
Program Pregnancy Policy**

POLICY NO: R-7

EFFECTIVE DATE: 12-15-17

**TARGET GROUP: CHS
Students**

**SECTION: Radiography
Student Policy**

**REVISION DATE: December
15, 2017 (approved
December 15, 2017)**

Purpose:

The purpose of this policy is to outline the radiation protection pregnancy policy and the pregnant radiography student options for progressing through the Radiography programs.

Policy:

Pregnancy Policy

The National Council of Radiation Protection and Measurement Regulatory Guide 8.13, reports that during the entire gestation period, the maximum permissible dose equivalent to the fetus from occupational exposure of the expectant mother, should not exceed 0.5 rem (500 millirems during the nine months of pregnancy). The Medical Imaging Programs are dedicated in working with students who declare their pregnancy. Declaration of pregnancy is voluntary and may be revoked by the student in writing at any time.

If the student decides to notify the Program Director (Radiation Safety Officer), a Pregnancy Disclosure Form must be filled out and returned to the RSO. The form will include the estimated date of conception, delivery date, radiation safety statement, and options for the student to progress into the program. The radiation safety statement is there to ensure the declared student is aware of the radiation risks to the student and fetus.

If a radiographer uses the proper radiation protection measures, which include remaining in shielded areas, refraining from holding patients or image receptors during x-ray exposures she should not receive more than 30 millirems/ month. (This converts to approximately 360 millirems, or 0.36 rems per year, which is considerably below the limits of the cited NCRP report.). The declared student will receive a monthly fetal radiation badge in which the student may revoke in writing at any time. The student will also be monitored with their collar radiation badge.

The declared student is strongly advised to meet with the Program Director to discuss the following options for continuance in the program:

- A. Immediate withdrawal from the radiography program
- B. Leave of absence from the program
- C. Continued full-time status with modifications to clinical assignments which could result in increased exposure to radiation. These areas include fluoroscopy,

portable/surgery procedures, and other modality rotations. Time missed from these areas may need to be made up.

- D. Continued participation in the program without modification
- E. Withdrawal of pregnancy declaration at anytime

The decision regarding the preceding options will ultimately be the student's decision.

The program director (RSO) will monitor the student's radiation dosage to ensure that compliance with stated radiation standards is being met. The monthly dose will be documented on the Pregnancy Disclosure Form and will be stored in the student's file on campus. The fetal radiation monitoring badge is to be worn at waist level, under the lead apron.

The student must sign this copy as proof that she has read and understands the procedure. If the student withdraws from the program due to a pregnancy, she shall be given the option to reapply for reinstatement within a two-year period. A readmitted student, with a past good-standing status, shall be required to repeat the semester during which she left.

Pregnant students who elect to participate in all education phases with or without modifications are required to review the U.S. Nuclear Regulatory Commission "Regulatory Guide 8.13" which can be located at <http://www.nrc.gov/docs/ML0037/ML003739505.pdf>.

Students who do not wish to voluntarily disclose their pregnancy are assuming all risks associated and must continue through the program with no modifications.

Student Acknowledgement of Pregnancy Policy

I have been advised of potential radiation risks to me and my unborn fetus through a discussion with the radiation safety officer.

Student Signature/Date: _____

Program Director (RSO)/Date: _____

Please circle the following option for progression within the Radiography and Medical Imaging Programs:

- A. Immediate withdrawal from the radiography program
- B. Leave of absence from the program
- C. Continued full-time status with limited rotation in fluoroscopy, portable/surgery procedures, special procedures, CT scanning, including appropriate radiation safety precautions.
- D. Continued participation without modification
- E. Withdrawal of pregnancy declaration at anytime

I understand that the above information is accurate to the best of my knowledge. I understand that I can revoke my declaration at any time.

Student signature/date: _____

Program Director (RSO)/date: _____