

| ARMSTRONG COUNTY MEMORIAL HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY POLICY AND PROCEDURE MANUAL | |
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| Policy Title: Student Pregnancy Policy | Policy Number: 31 Page 1 of 2 |
| Original Date: 10/86 | Revision Date: 10/86, 12/87, 5/91, 10/96, 5/97, 4/99, 4/12, 7/15, 7/16 |
| Last Review Date: 7/16 | |

The contents of this policy were reviewed by the Radiation Safety Officer in July 2016.

Armstrong County Memorial Hospital School of Radiologic Technology recognizes the need to establish procedures regarding student pregnancy.

If a student is pregnant or becomes pregnant while in training, she will decide whether she wants to formally declare her pregnancy to school officials, thereby taking advantage of the special dose limits provided to protect the developing embryo/fetus. The student must make written declaration of her pregnancy using Form #28 – Declaration of Pregnancy Form. Instructions describing information that should be known about the radiation exposure of pregnant women is given to all students. These instructions provide information on the potential effects of declaring a pregnancy in order to help women make informed decisions on whether or not to declare their pregnancy. The information is provided in the form of answers to typical questions. These questions and answers are a summary of NRC Regulatory Guide 8.13, “*Instruction Concerning Prenatal Radiation Exposure*”.

Once a pregnancy has been declared, the School Officials, together with the Radiation Physicist, will confidentially counsel the student. The various plans of action from which the student may choose will also be discussed.

The plans of action, which are available to the student, are as follows:

1. Take a leave of absence for one year from both clinical and didactic aspects of the program, returning at the appropriate time if the maximum number of students is not exceeded in an equivalent class. The appropriate time will be determined on a case by case basis. The student must meet with school officials for advisement prior to her reinstatement.
2. The student will attend didactic classes only. The number of clinical hours that the student does not complete must be made up before she receives her certificate and before she is eligible to take the Registry examination. Didactic hours that the student does not complete must also be made up. The student will not exceed 40 hours per week or 10 hours per day when making up time. Clinical time will comply with the 1:1 technologist/student ratio.

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3. The student will maintain full status in both didactic and clinical areas. Strict documentation of the student's radiation exposure must be maintained. This option would be indicated if the pregnancy occurs during the final quarter of the program and no leave of absence is anticipated.
4. The student will maintain full status in both didactic and clinical areas until time of delivery. At this time a leave of absence will be given and the position in the program will be held for six weeks. This time may be extended if contraindicated in writing by your physician. The student will then return to the program to complete her clinical and didactic education.

The student's physician must approve in writing her return to the program for any of the above options.

If, at any time, the student voluntarily decides to undeclare or revoke her declaration of pregnancy, she may do so. This requires written notification to the school officials using Form #88 – Voluntary Undeclaration of Pregnancy Form. The school officials will then alert the Radiation Physicist. The students will then be monitored according to the general guidelines for radiation workers as described by the Pennsylvania Department of Environmental Protection.

All clinical and didactic requirements must be completed before the student is eligible to receive her certificate.

I have read the policies and understand their content.

I have decided to follow plan number _____.

Signature

Date

**ACMH SCHOOL OF RADIOLOGIC TECHNOLOGY
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Declaration of Pregnancy Form – Form #28

To: _____
(Name of Program Official)

I am declaring that I am pregnant. I believe that I became pregnant _____.
(Only the month and year need to be provided).

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisieverts), unless that dose has already been exceeded between the time of conception and submitting this form.

If I find out that I am no longer pregnant, or if my pregnancy is terminated, I will promptly inform you (preferably in writing) that my pregnancy has ended.

_____ Student technologist's signature

_____ Printed name of Student technologist

_____ Date

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VOLUNTARY UNDECLARATION OF PREGNANCY – Form #88

To: _____
(Name of Program Official)

This is written declaration that I, _____,
(Student's Name)
undeclare a previously declared pregnancy.

I have read the pregnancy policy and understand its content.

_____ Student's Signature

_____ Student's Printed Name

_____ Date