

EMBRYO/FETUS DOSE LIMITS

RHIC PROJECT

I. PRENATAL DOSE LIMITATION OPTIONS

A. The BNL program to evaluate and control fetal exposures include:

1. Declaration of Pregnancy

- a. Voluntary formal declaration of pregnancy. The form for declaring pregnancy may be completed by the female worker (Attachment 1) and forwarded to the S&EP Representative through her Supervisor.

NOTE: *The information on this form is personal and confidential and must always be treated as such.*

2. Options Available to Workers Who Have Voluntarily Declared Their Pregnancy

- a. No Dose Option: The employer shall provide the option of a mutually agreeable assignment of work tasks without loss of pay or promotional opportunity, such that further occupational radiation exposure is unlikely. If the employer and worker agree on the reassignment, the worker shall be removed from areas where any occupational exposure would be received. This option is mandatory if the worker has already exceeded 500 mrem during the gestation period.
- b. Limited Dose Option: Work or area restrictions may be enacted by line management with the concurrence of the ES&H Coordinator and the SEP Representative. These restrictions shall meet the guidelines which limit the dose to the fetus to 0.5 rem during the gestation period (from conception to birth), and which prohibit substantial variation above 0.05 rem per month. (10 CFR 835.206(b)).

3. Withdrawal of Declaration of Pregnancy

- a. The employee may complete the form for withdrawal of pregnancy at any time. The worker submits a signed and dated form (Attachment 2) to her supervisor indicating that she is withdrawing her formal declaration of pregnancy or the gestation period is completed. No additional explanation or justification should be requested by the employer.

NOTE: *The information on this form is personal and confidential and must always be treated as such.*

- b. After such notification has been made, it is the employer's responsibility to remove any imposed work or area restrictions.

B. Counseling of Workers

To obtain counseling or additional information on the subject of fetal exposure, the SEP Representative shall identify a listing of employees with expertise in Radiological Safety or radiology that are designated as contacts for female radiological workers.

C. Dose Calculation and Measurement Methods:

S&EP Division shall be responsible for determining the dose to the fetus.

D. Declaration of Pregnancy Records

All records of declaration of pregnancy and withdrawal of declaration of pregnancies shall be maintained as personal & confidential records by the S&EP Division. Copies may be retained by the Department/Division

E. References

Definitions of specific terms, background information and basis of the program are found in the BNL Radiation Control Manual (Chapter 3 of ES&H Manual) and in Implementation Guide G-10 CFR 835/C4-Rev 0, Evaluation and Control of Fetal Exposure, Final Guide, December 1993. NUREG 8.13 is also a resource which can be used.

APPROVED _____
RHIC Project Head

Satoshi Ozaki
12/12/95
DATE _____

PERSONAL AND CONFIDENTIAL

NAME: _____

SSN: _____

Life/Guest No. _____

DECLARATION OF PREGNANCY

In accordance with Paragraph 206 of 10 CFR 835, and Article 215 of the BNL Radiological Control Manual, I am voluntarily declaring that I am pregnant, for the purposes of lowering the dose received by my embryo/fetus. I realize that work restrictions may be imposed (after consultation with me) to ensure that the embryo/fetus does not receive a dose in excess of that given in the BNL Radiological Control Manual (500 mrem, during the entire gestation). I also realize that supplemental dosimetry may be supplied to me, along with monthly reports of the dose received by my embryo/fetus. I understand that additional counseling and information are available if I have any questions.

Estimated Month and Year of Conception _____

Signature of Worker

Date

Signature of Supervisor

Date

Signature of S&EP Safety Representative

Date

Submission of this form will in no way affect the benefits, seniority, or potential for promotion of the person signing this form. Withdrawal of this declaration can be made at any time by signing and submitting the form "Withdrawal of Pregnancy Declaration."

Received by PM _____

Date _____

PERSONAL & CONFIDENTIAL

NAME: _____

SSN: _____

Life/Guest No. _____

WITHDRAWAL OF PREGNANCY DECLARATION

I am withdrawing my previous declaration of pregnancy. I understand that, as a result of signing and submitting this form, any work restrictions that have been imposed as a result of the previously submitted "Declaration of Pregnancy" will be lifted.

Signature of Worker

Date

Signature of Supervisor

Date

Signature of S&EP Safety Representative

Date

Received by PM _____

Date _____