

**Policy Name:** Pregnancy  
**Policy Number:** RAD 8.12  
**Title of Policy Owner:** Campus Director & Dean of Academic Affairs  
**Policy Type:** RHEI/Shared Services BSMCON SCHS SOMI  
**Approved by:** RHEI Leadership Team  
**Effective Date:** 1/16/2025  
**Version:** 1.0  
**Policy Status:** Approved

## **I. Policy**

Students enrolled in the Bon Secours Southside College of Health Sciences (SCHS) have the right to choose to declare or not declare pregnancy. If a student chooses to declare pregnancy, the declaration must be made in writing. The form for declaration may be obtained in the program office and a copy is found on the College website:

[www.schs.edu](http://www.schs.edu)

## **II. Purpose**

The purpose of this policy is to establish a uniform procedure for all Radiologic Technology (RAD) students in regard to pregnancy.

## **III. Scope**

This policy applies to all SCHS Radiologic Technology (RAD) students.

## **IV. Definitions**

None.

## **V. Policy Details**

A student who becomes pregnant during the program will have the following options:

- a)** Voluntarily declare pregnancy to the Program Clinical Coordinator who will offer counseling on protection and monitoring methods for both the student and the fetus during the remainder of the pregnancy. Written notice is required.
- b)** Request a Clinical Leave. Refer to policy RAD 8.10 Clinical Leave.
- c)** Voluntarily leave the program and apply for re-admission at a later date. Refer to policy ADM 3.11 College Admissions/Readmission.
- d)** Choose not to declare.
- e)** Continue in program without modification.
- f)** A student who has chosen to declare pregnancy can choose to un-declare pregnancy at any time. Written notice is required.

Students will be required to adhere to standard radiation protection practices and monitoring methods.

Should an accepted applicant become pregnant before the start of the program; the applicant shall have the option of delaying entry or following one of the above listed options.

**VI. Attachments**

N/A

**VII. Related Policies**

ADM 3.11 College Admissions/Readmission

**VIII. Disclaimers**

Nothing in this policy creates a contractual relationship between Bon Secours Southside College of Health Sciences (SCHS) and any party. SCHS, in its sole discretions, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

**IX. Version Control**

Version	Date	Description	Prepared by
1.0	1/16/2025	Policy Adoption & Revisions	CDDAA



**Southside College of Health Sciences**

430 Clairmont Court, Suite 200  
Colonial Heights, VA 23834

**PLEASE PRINT CLEARLY AND RETURN THIS FORM TO THE COLLEGE'S RADIATION SAFETY OFFICER**

Name: \_\_\_\_\_

Date of Declaration: \_\_\_\_\_

Due Date: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

By providing this information to my program's Radiation Safety Officer, in writing, I am declaring myself to be pregnant as of the date shown above. I understand the provision of 10CFR part 20.1208, total exposure to my unborn child from occupational exposure to radiation will not be allowed to exceed 5 mSv (500mrem) during the entire pregnancy (the dose to my unborn child shall be taken as the sum of my deep dose equivalent and the dose resulting from the intake of any radionuclides). I also understand that this limit includes any exposures I have received since conception, and that if the dose to my unborn child has already exceeded 500 mrem, the dose for the remainder of my pregnancy must be limited to 0.5mSv (50mrem). I further understand that if I should find out that I am not pregnant, or if for any reason my pregnancy is terminated, I will inform my program's Radiation Safety Officer as soon as practical. I may obtain information regarding my past personal radiation monitoring record, and guidance concerning radiation protection measure from the Radiation Safety Officer or his/her designee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHS Radiation Safety Officer's Receipt of Declaration of Pregnancy**

By signing this statement, I acknowledge receipt of the declaration of the above individual; have provided her with an outline of potential risks from exposure to the unborn child which uses the information provided in Regulatory Guide 8.13; and have evaluated her prior exposure (internal and external) to establish appropriate limits to control the dose to her unborn child in accordance with the above stated limitations and the ALARA program. I understand it is my responsibility to forward this form to the Radiation Safety Officer.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Radiation Safety Officer's Receipt of Declaration of Pregnancy**

By signing this statement, I acknowledge receipt of the declaration of the above individual; have evaluated her prior exposure (internal and external) to ensure appropriate limits to control the dose to her unborn child in accordance with the above stated limitations and the ALARA program have been established and that appropriate monitoring is being provided.

Names: John Swanson, PhD

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Southside Medical Center  
200 Medical Park Blvd  
Petersburg, Virginia 23805