Policy Title	Pregnancy
Policy Number:	RAD 8.12
Department:	SOMI
Functional Area:	Academic Affairs
Contributing Department	
Approved by:	RHEI Leadership Team
Effective Date:	8/1/2025
Version:	1
Status:	Approved
Manual	To be entered by Compliance360 System administrators or N/A if not in C360
Section	RAD 8

I. Mission, Vision and Values

This policy reflects our commitment to human dignity, integrity, compassion, stewardship, and service by guiding decisions and actions that uphold respect for all individuals and promote excellence in our work.

This policy aligns with our mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and providing good help to those in need, especially the poor, dying, and underserved by ensuring that our practices support ethical, effective, and accountable service across all areas of the organization.

II. Policy

Students enrolled in the Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI) 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 declaration form may be obtained through the School or is attached to this policy.

III. Purpose

The purpose of this policy is to establish a uniform procedure for all students in regard to pregnancy.

IV. Scope

This policy applies to all enrolled students at SOMI.

V. Policy Details

A student enrolled in SOMI may voluntarily choose **not** to declare pregnancy and continue in the program without modification.

A student who becomes pregnant during the program and chooses to voluntarily declare pregnancy will have the following options:

A. Voluntarily declare pregnancy to the Program Radiation Safety Officer 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 leave of absence. Refer to policy ADM 3.07 Leave of Absence or Permanent Resignation from the School.

C. Voluntarily leave the program and apply for re-admission at a later date. Refer to policy ACA 2.04 SOMI Re-Admission.

D. 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.

VI. Definitions

None

VII. Attachments

Attachment A: Student Pregnancy Declaration

VIII. Related Policies and Procedures

ACA 2.04 SOMI Re-Admission
ADM 3.07 Leave of Absence or Permanent Resignation from the School

IX. Regulatory Notices

Nothing in this policy creates a contractual relationship between Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI), a department owned and controlled by Bon Secours St. Mary's Hospital of Richmond, LLC, and any party. SOMI, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	10/20/2021	N/A	New Template & Revisions	N/A	CDDAA
2.0	4/3/2022	N/A	New Template & Revisions	1.0	CDDAA
3.0	7/17/2023	N/A	New Template, New Numbering & Revisions	2.0	DCRM
3.1	2/19/2025	2/19/2028	Compliance Update & Revisions	3.0	CDDAA
1	2/19/2025	2/19/2028	Version changed – BSMH Template Adopted	3.0	CDDAA

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 05/06/2025- Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for all Bon Secours Mercy Health entities including, but not limited to, facilities doing business as Mercy Health – St. Vincent Medical Center, St. Vincent – St. Charles Hospital, St. Vincent – St. Anne Hospital, Mercy Health – Perrysburg Medical Center, Mercy Health – Tiffin Hospital, Mercy Health – Willard Hospital, Mercy Health – Defiance Hospital, Mercy Health Allen Hospital LLC, Mercy Health - Lorain Hospital, Mercy Health St. Elizabeth Youngstown Hospital, Mercy Health St. Joseph Warren Hospital, Mercy Health - St. Elizabeth Boardman Hospital, Mercy Health - St. Rita's Medical Center, Mercy Health – Springfield Regional Medical Center, Mercy Health - Urbana Hospital, Mercy Health - Anderson Hospital, Mercy Health - Clermont Hospital, Mercy Health – Fairfield Hospital, Mercy Health - West Hospital, The Jewish Hospital – Mercy Health, Mercy Health – Kings Mills Hospital, LLC, Mercy Health - Lourdes Hospital LLC, Mercy Health – Marcum and Wallace Hospital, Chesapeake Hospital Corporation DBA Rappahannock General, Maryview Hospital, Bon Secours Richmond Community, Bon Secours Memorial Regional Medical Center, Bon Secours – St. Mary's Hospital, Bon Secours St. Francis Health System, Bon Secours St. Francis Medical Center, Bon Secours Mary Immaculate Hospital, Bon Secours - Southside Medical Center, Bon Secours Mercy Health Franklin, LLC, Southern Virginia Medical Center, and Bon Secours Harbour View Medical Center. This also may apply to Bon Secours Mercy Health Medical Group LLC and its medical group affiliates.

BONSECOURS
ST Mary's Hospital
5801 Bremo Road
Richmond VA 23226

PLEASE PRINT CLEARLY AND RETURN THIS FORM TO
Karen M Marvin OP Radiology MOBN.

Name:_____ **(also list any name changes)**
Date of Declaration:_____
Due Date:_____
Department:_____
Position:_____

By providing this information to my immediate supervisor, 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 supervisor 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:_____

SOMI 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.

Name: _____
Signature:_____
Date:_____