UC RIVERSIDE
Occupational Health

Reproductive Health Protection Program

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A. PROGRAM DESCRIPTION

This guideline outlines the recommendations for protecting the reproductive health of all individuals (faculty, employees, students, and volunteers) on campus from occupational exposure to chemical, biological, radiological, and other hazards that are known or suspected of being capable of posing a risk to human reproductive health. Potential reproductive and developmental hazards will be identified, and appropriate exposure control measures will be implemented.

UCR's Reproductive Health Protection Program is informed by occupational and environmental medicine guidance developed to help organizations identify, assess, and manage potential reproductive and developmental risks in the workplace, particularly when scientific evidence is evolving or incomplete.

Program concepts and the risk assessment approach are consistent with guidance published by the **American College of Occupational and Environmental Medicine (ACOEM)**, including:
Meyer, J. D., McDiarmid, M., Diaz, J. H., Baker, B. A., & Hieb, M. (2016). *Reproductive and developmental hazard management. Journal of Occupational and Environmental Medicine, 58*(3), e94–e102. https://doi.org/10.1097/JOM.0000000000000669

B. SCOPE

The objective of the Reproductive Health Protection Guideline is to:

1. Prevent adverse effects related to the reproductive health of all campus employees, students, and volunteers from occupational exposures to substances (chemical, biological, radiological or physical) known or suspected of being capable of posing a hazard to human reproduction.
2. Identify and evaluate potential reproductive and developmental hazards and implement appropriate exposure control measures to prevent harmful effects to workers.
3. The University of California, Riverside's goal is to keep worker exposures to potentially harmful hazards such as chemical, biological, and ionizing radiation, as low as reasonably achievable to minimize the risk of reproductive or developmental health effects.

C. DEFINITIONS

Chromosome - A thread-like structure in the nucleus of a cell that is made up of coiled double-stranded DNA and histone proteins

Declared Pregnant Woman - A woman who voluntarily informs UCR EHSRM in writing, of her pregnancy and the estimated date of conception. Written notification is provided by completing the UC Riverside Reproductive Hazard Questionnaire (Appendix A).

Developmental Toxicity - Adverse effects on the developing organism that may occur anytime from conception to sexual maturity. Results may include spontaneous abortion, structural or functional defects, low birth weight, or effects that may appear later in life. The key consideration with reproductive and developmental toxicity is that exposures during a critical period may result in long-term health effects. Thus, it is essential to recognize potential risks and intervene early.

DNA - Deoxyribonucleic acid. A carrier of genetic information for all organisms except the RNA viruses.† Deoxyribonucleic acid is a coiled, self replicating, double stranded molecule present in nearly all living organisms. It confers heritable genetic information from one generation to the next.

Embryo -The developing human from pregnancy weeks 3 to 10 based on the menstrual cycle.

Embryotoxicity - Potential to cause adverse effects on the embryo, generally attributed to a substance that enters the mother and crosses the placental barrier or to an environmental or physical agent.

Exposure Limits

a. California Occupational Safety and Health Administration (Cal/OSHA)

i. Under California's Hazard Communication Standard (HazCom, Title 8, Section 5194)**,** employers must communicate chemical hazards through labeling, Safety Date Sheet(s) (SDS), and employee training so workers understand the chemicals they use, potential health effects (including reproductive/developmental hazards when identified), and recommended controls. While Cal/OSHA has established occupational exposure limits for many hazardous materials (Title 8, Section 5144),

there is no single, general Cal/OSHA standard devoted specifically to reproductive health hazards.

ii. Cal/OSHA has issued a limited number of substance-specific standards (e.g., lead, dibromochloropropane, ethylene oxide, formaldehyde, cadmium**)** that acknowledge certain reproductive risks and provide partial protections for those specific chemicals.

Chemical	Title 8 CCR Section	Key Reproductive Protection Details
Lead	**§5198** (General) / **§1532.1** (Construction)	Includes "Medical Removal Protection" for workers with high blood lead levels and explicit warnings regarding potential damage to the male and female reproductive systems [14](Shaffer & Gilbert, 2018).
DBCP	**§5212**	Specifically regulates 1,2-dibromochloropropane, a known male reproductive toxin discovered to cause sterility in factory workers[12] (Park, 2020).
Ethylene Oxide	**§5220**	Standards include requirements for medical surveillance and exposure monitoring due to risks of spontaneous abortion and genetic damage. [11](LaMontagne et al., 2004).
Formaldehyde	**§5217**	Regulates exposure via monitoring and medical surveillance; recognized as a potential reproductive hazard and carcinogen.
Cadmium	**§5207**	Acknowledges cadmium as a reproductive toxicant that can cause fetal harm and male infertility [12] (Park, 2020).

iii. A developing fetus may be adversely affected by exposures below levels generally considered safe for adults. Accordingly, UC Riverside's goal is to keep exposures as low as reasonably achievable (ALARA**)** to minimize the potential for reproductive or developmental hazards, using HazCom information (SDS hazard statements, exposure routes, and control recommendations) along with industrial hygiene evaluations and exposure control

b. California Department of Public Health (CDPH) – Radiologic Health Branch (RHB)

i. The CDPH RHB has an occupational radiation dose limit for the whole body of 5000 millirems per year for adult workers (>18). Persons under 18 must consult with the UCR Radiation Safety Officer.

ii. The limit for the embryo/fetus of a declared pregnant woman during the entire gestation period is 500 millirem. Furthermore, the National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 50 millirems to the embryo/fetus once the pregnancy is known. Contact the UCR Radiation Safety Officer at ehsrad@ucr.edu for enrollment into the radiation monitoring program.

Population	Limit Type	Dose Limit	Regulatory Body
Adult Worker	Annual Occupational	**5 rem** / year	NRC (10 CFR 20.1201)
Embryo/Fetus	Total Gestational	**0.5 rem** / pregnancy	NRC (10 CFR 20.1208)
Embryo/Fetus	Monthly Recommendation	**0.05 rem** / month	NCRP (Report No. 116)

Fecundability - The probability of becoming pregnant in a single menstrual cycle.

Fertility - The production of offspring or the ability to produce offspring.

Fetus - The unborn baby in the post-embryonic period (week 10 of pregnancy).

Gene - A portion of chromosomal DNA consisting of a series of nucleotides that codes for a specific trait and serves as the basic unit of heredity.

Individual - A faculty, employee, student, or volunteer who expresses a concern about their reproductive health potentially being affected by their work area.

Mutagen - A physical or chemical agent that can alter an organism's genetic material (typically DNA), increasing the frequency of mutations above natural background levels. For workplace hazard identification, mutagens are commonly recognized through SDS and Globally Harmonized System of Classification and Labelling of Chemicals (GHS)/HazCom labeling, including hazard statements H340 (May cause genetic defects) and H341 (Suspected of causing genetic defects), and may also be identified through industrial hygiene review or authoritative evaluations (e.g., ethylene oxide). Mutagens may include physical agents (e.g., ionizing radiation, UV radiation) and chemical agents (e.g., alkylating agents, intercalating agents, base analogs, and cross-linking agents).

Reproductive Hazard - Any chemical, radiological, physical, ergonomic, or biological agent, or workplace condition, that may adversely affect reproductive function or pregnancy and developmental outcomes. Reproductive hazards may impact an individual's ability to conceive (e.g., effects on reproductive organs, hormones, or gamete production/quality), maintain a pregnancy (e.g., miscarriage, complications), or contribute to adverse developmental effects (e.g., birth defects, impaired fetal growth, functional or neurodevelopmental effects). Reproductive hazards can affect people of any sex and may pose risk before conception, during pregnancy, or during lactation, depending on the dose, route, frequency/duration, and timing of exposure.

For workplace identification and communication, reproductive hazards are evaluated using Hazard Communication (Title 8 CCR §5194) classifications, SDS and labeling, applicable Cal/OSHA standards and exposure limits, and industrial hygiene exposure assessment/controls.

Reproductive Toxicity - Adverse effects on the health of the reproductive organs, endocrine system, or gametes (egg or sperm) from exposure to an exogenous agent. May result in consequences such as menstrual dysfunction, damage to gametes (ova or sperm) or gamete development, impaired fertility, or inability to maintain a pregnancy.

Teratogen - A physical, chemical, or biological agent that may cause birth defects or developmental abnormalities by disrupting normal embryo or fetal development during pregnancy. Teratogens may include certain medications (e.g., isotretinoin, thalidomide), infections (e.g., rubella), workplace/environmental toxicants (e.g., some organic solvents, lead, mercury), and physical agents (e.g., ionizing radiation). *Teratogenic potential is determined by reviewing the chemical's SDS (Hazard Identification and Toxicology sections) for reproductive/developmental toxicity and by consulting*

authoritative classification sources (e.g., regulatory harmonized classifications and occupational health guidance). Chemicals labeled with GHS hazard statements H360/H361 are treated as having potential to harm the unborn child unless a qualified review indicates otherwise.

D. RESPONSIBILITIES

1. Deans, Department Chairs, and Directors

- **i.** Ensure that Principal Investigators (PIs) and supervisors are informed of, and understand, the responsibilities and procedures set forth in this Guideline and provide administrative support to facilitate implementation.
- **ii.** Review and approve reproductive health accommodation requests that fall outside the scope of the Americans with Disabilities Act (ADA), as applicable and consistent with University policy and collective bargaining obligations.
- **iii.** Render a final determination on accommodation requests when the laboratory supervisor has determined that a requested accommodation is not reasonable, after consideration of applicable policy requirements and consultation with appropriate campus units (e.g., Human Resources, EHSRM) as needed.

2. Supervisors and Principal Investigators

- **i.** Maintain an inventory of chemical, biological, and radiological agents used in the work area.
- **ii.** Understand and communicate hazards associated with those agents, including reproductive and developmental hazards.
- **iii.** Develop and maintain operation-specific Standard Operating Procedures (SOPs) addressing hazards and required controls.
- **iv.** Provide operation-specific training to employees, students, and volunteers, including required controls and safe work practices.
- **v.** Coordinate, as applicable, Human Resources and EHSRM regarding workplace restrictions documented by a health care provider and any required job modifications; for students coordinate with Student Disability Resource Center.
- **vi.** Ensure exposure controls are implemented and maintained to reduce exposures to the lowest achievable levels, consistent with program requirements.
- **vii.** Implement exposure control strategies as appropriate, which may include:
  - Substitution of less hazardous materials or processes when feasible.
  - Engineering controls (e.g., enclosures, local exhaust ventilation, fume hoods, biosafety cabinets).
  - Administrative controls (e.g., task modification, job rotation, limiting higher-hazard tasks during pregnancy).

- Hygiene and housekeeping practices (e.g., handwashing, changing contaminated clothing, use of showers when appropriate).
- Personal protective equipment (PPE) (e.g., protective clothing, gloves, respiratory protection as required).

3. Employees, Students, and Volunteers

i. Comply with all University policies and applicable Cal/OSHA requirements to maintain a safe and healthy work environment.

ii. Use engineering and/or administrative controls, as applicable, to reduce potential exposures

iii. Properly use protective clothing and personal protective equipment (PPE) provided to reduce exposure to hazards in the work area.

iv. Complete required training in accordance with University and departmental requirements

v. Follow operation-specific Standard Operating Procedures (SOPs) and other established safe work practices.

vi. Promptly report unsafe or hazardous conditions, exposure incidents, injuries, or related concerns to their supervisor.

vii. If the individual elects to declare pregnancy, complete the University's Declaration of Pregnancy process using the forms provided in the Reproductive Hazard Questionnaire (Appendix A), as applicable, and submit the completed Appendix A documentation to EHSRM in accordance with this Program.

viii. Provide a brief job/task description to EHSRM upon request to support evaluation of potential exposures.

ix. Consult with their personal health care provider regarding reproductive and developmental health concerns, as appropriate.

x. Provide documentation of health care provider–recommended work restrictions or limitations to their supervisor, as applicable and consistent with privacy requirements.

4. Environmental Health Safety and Risk Management (EHSRM) Division

i. EHSRM develop, implement, administer, and maintain UCR's Reproductive Health Protection Program, including oversight of associated procedures and program requirements.

ii. Respond timely to an individual (a faculty, employee, student, or volunteer) who expresses concerns about reproductive health hazards in their work area. Concerns may include:

- Pregnancy, or intent to become pregnant
- Fertility

- Developmental/birth defects

iii. Upon request by an individual or supervisor, evaluate the work area to identify if any potential chemical, biological, or radiological reproductive hazards exist and determine the extent of potential exposures. This may include conducting an onsite reproductive hazard assessment of the individual's work area following their assistance to complete a Reproductive Hazard Questionnaire.

iv. Communicate reproductive hazard assessment findings to the individual and their supervisor.

v. Recommend appropriate exposure control methods in accordance with the hierarchy of controls. Control methods include engineering controls, work practices, job rotation, and personal protective equipment etc.

vi. Provide information regarding reproductive hazards in the workplace and encourage the worker to share relevant chemical SDSs, if applicable, with their health care provider.

vii. Provide training on chemical, radiation, and biological reproductive hazards in the work area, including proper use of personal protective equipment, safety devices, and other decreasing exposure methods. Radiation training includes the **UCR Prenatal Radiation Exposure Guidelines**.

viii. Manage written declaration of pregnancies according to the UCR Prenatal Radiation Exposure Guideline and this UCR Reproductive Health Protection Program.

a. Biosafety Officer (BSO)

The Biosafety Officer manages biological risks relevant to reproductive health by completing a focused review of the biological materials and tasks involved; what is being used, how it is being used, how exposure could occur, and what controls are needed to reduce risk.

i. **Biological Agent Assessment -** Identify biological agents and biological materials that may pose reproductive, fertility, or developmental risks based on the individual's assigned tasks and potential routes of exposure. This includes infectious agents and relevant biological materials such as human/animal tissues, bloodborne pathogens, cell lines, viral vectors, recombinant DNA, and select agents (if applicable). Examples of agents of concern may include Zika virus, Rubella, CMV, and Toxoplasmosis, depending on the work performed.

ii. **Exposure Route and Task-Based Risk Review** - Evaluate how exposure could occur during the specific work activities (e.g., aerosols during pipetting/centrifugation, sharps injuries, mucous membrane splashes, animal bites/scratches) and align risk controls to the actual procedures performed.

iii. **Containment Practices and Biosafety Level Verification** - Verify that work is performed under the appropriate containment level (e.g., BSL-2/BSL-3 or ABSL-

2/ABSL-3) and that required biosafety practices are followed, including PPE, engineering controls, and facility requirements, particularly for individuals with reproductive health concerns.

iv. **Viral Vector / rDNA Review** - Confirm IBC requirements and recommend additional controls for recombinant DNA or viral vector work, especially for aerosol-generating procedures, high-titer preparations, or other higher-risk manipulations.

v. **Zoonotic Risk Review (Animal Work)** - Assess zoonotic disease risks associated with animal work and husbandry activities and provide guidance on agents that may be of increased concern when planning pregnancy (as applicable to species and setting), along with preventive practices and exposure controls.

vi. **Controls, Training, and Documentation** - Recommend engineering and administrative controls (e.g., biosafety cabinet use, sealed rotors/safety cups, sharps controls, decontamination procedures, spill response) and confirm that required training and documentation are current and aligned with IACUC/IBC protocols, identifying any updates needed.

b. Chemical Hygiene Officer (CHO)

The Chemical Hygiene Officer manages chemical risks relevant to reproductive health by completing a focused hazard review of the chemicals and tasks involved; what is being used, how it is being used, how exposure could occur, and what controls are needed to reduce risk.

i. **Chemical Hazard Identification and Reproductive Risk Screening** - Review the chemical inventory and identify substances that may pose reproductive, fertility, or developmental risks, including reproductive toxins (fertility impacts, developmental toxicity, endocrine activity) and higher-risk categories such as carcinogens, mutagens, and teratogens, as applicable to the work performed.

ii. **Task-Based Exposure and Route Assessment** - Evaluate how the individual uses the chemicals and how exposure could occur during specific activities (e.g., weighing powders, preparing dilutions, cleaning, heating, reactions, chromatography, transferring waste), with attention to likely routes of exposure including inhalation, skin contact, ingestion, and splashes.

iii. **Controls Review Using the Hierarchy of Controls** - Recommend controls aligned to the task and exposure route, prioritizing engineering and administrative controls before PPE. This may include verifying fume hood suitability and capture effectiveness, evaluating the need for ducted enclosures or local exhaust, or recommending closed systems or glove box use for higher-risk work. Administrative controls may include substitution of less hazardous chemicals, limiting quantities, scheduling or rotating tasks, restricting certain high-risk tasks, and establishing defined work zones.

iv. **Work Practice Controls and PPE Evaluation** - Review work practices that reduce exposure (e.g., closed transfers, minimizing open pouring, appropriate wipe-down methods, spill kit readiness) and confirm appropriate PPE, including glove compatibility with the specific chemicals, lab coat type and coverage, and

required eye/face protection. Where tasks may generate inhalation risk (e.g., volatile chemicals, aerosols, or powders outside effective ventilation), the CHO can flag potential respiratory protection triggers for further evaluation.

v. **SOP Development, Spill Response, and Waste Handling** - Review existing SOPs and develop or update SOPs for higher-risk materials and tasks, including clear procedures for spill response, decontamination, labeling, and hazardous waste accumulation/handling to ensure consistent, protective practices.

vi. **Storage, Compatibility, and Incident-Prevention Review** - Verify chemical storage and compatibility controls (e.g., segregation, secondary containment, proper labeling) to reduce the likelihood of releases, reactions, or accidental exposures.

vii. **Coordination with Occupational Health and Industrial Hygiene** - Coordinate with Occupational Health and/or IH when additional evaluation is appropriate, such as exposure monitoring, consultation for higher-risk substances, or medical surveillance considerations based on the hazard profile and exposure potential.

c. Disability Management

Disability Management supports employees with medical restrictions or limitations, including those related to reproductive health.

i. **Disability and Return-to-Work Coordination** - Administer disability management services, including interactive processes and return-to-work planning.

ii. **Interactive Process** - Facilitate discussions with employees and departments to identify reasonable workplace adjustments, modified duty, or transitional work options.

iii. **Leave and Work Status Guidance** - Provide guidance on applicable leave and disability processes and ensure timely communication of work status, consistent with privacy requirements.

iv. **Medical Restrictions Tracking** - Review and track temporary or permanent medical restrictions and monitor timelines for reassessment or updates.

v. **Return-to-Work Planning** - Develop and document return-to-work or modified duty plans, including duration, task limitations, and follow-up checkpoints.

vi. **Stakeholder Coordination** - Serve as liaison with treating providers, workers' compensation administrators, Human Resources, and other stakeholders.

vii. **Supervisor Support** - Provide technical assistance to supervisors regarding implementation of restrictions, job modifications, and essential job functions.

viii. **Coordination with EHSRM** - Coordinate with EHSRM when workplace hazards, exposure evaluations, or safety controls intersect with disability management plans.

ix. **Confidentiality** - Maintain confidentiality of medical information and limit disclosures to the minimum necessary to implement accommodations or restrictions.

d. Industrial Hygiene (IH)

Industrial Hygiene supports reproductive health protection by reviewing workplace materials, tasks, and potential exposure pathways to identify appropriate controls and reduce reproductive health risk for individuals who are trying to conceive.

i. **Exposure Assessment** - Conduct targeted exposure assessments for reproductive hazards and reproductive toxins based on the specific tasks performed, including air monitoring, surface sampling/wipe testing, or other methods as appropriate (e.g., lead, certain solvents, phthalates, pesticides, anesthetic gases, formaldehyde, or other chemicals of concern depending on the workplace). Results are interpreted in context of the work process, frequency/duration, and exposure pathways.

ii. **Worksite Evaluation -** Perform onsite evaluations as needed to observe work practices, identify exposure points (inhalation, dermal, ingestion/hand-to-mouth, splash, take-home transfer), verify that controls are being used correctly, and document task conditions that influence exposure (ventilation performance, work positioning, handling methods, housekeeping, and workflow).

iii. **Hierarchy of Controls -** Design, evaluate, and verify controls for reproductive hazard mitigation using the hierarchy of controls, prioritizing engineering solutions (e.g., local exhaust ventilation, enclosure, closed transfer systems, capture hoods) and administrative controls (e.g., substitution, quantity limits, task restrictions, scheduling/rotation, housekeeping requirements) before reliance on PPE alone.

iv. **PPE Consultation** - Provide expert guidance on PPE selection and use to prevent inhalation or dermal exposure, including respirator recommendations (and when respiratory protection may be indicated), glove material compatibility, protective clothing, and eye/face protection. IH can also confirm whether PPE use triggers program requirements (e.g., medical clearance, fit testing, training) and coordinate with responsible programs as needed.

v. **Physical Stressors** - Evaluate physical stressors that may affect reproductive health or pregnancy safety, such as noise exposure, heat stress, ergonomic strain, vibration, and other workplace conditions, and recommend controls or adjustments to reduce risk consistent with applicable standards and best practices

vi. **Exposure Pathway Mapping (Task-by-Task) -** Develop a task-based exposure pathway map that identifies where and how exposures could occur during each step of the process (e.g., receiving, transferring, mixing, heating, cleaning, waste

handling), including potential for dermal contact, inhalation, splash, ingestion, or sharps-related transfer, and use this to target controls.

vii. **Engineering Control Effectiveness Verification -** Verify that engineering controls are effective for the specific tasks (e.g., fume hood performance and appropriate use, local exhaust capture, enclosure integrity, airflow direction, equipment placement, sash height practices) and recommend adjustments where control performance or work practices reduce protection.

viii. **Substitution and Process Improvement Support -** Recommend feasible substitutions or process changes that reduce exposure potential (e.g., less hazardous chemicals, pre-mixed solutions vs. powders, smaller quantities, closed transfers, alternative cleaning methods) and support implementation by documenting rationale and control expectations.

ix. **Dermal Exposure Prevention and Skin Protection Strategies -** Evaluate likelihood of skin exposure and recommend measures to reduce dermal contact, including glove selection specific to the hazard, change-out frequency, protective sleeves/aprons where appropriate, and contamination-control practices to prevent secondary transfer to skin and personal items.

x. **Surface Contamination and Housekeeping Controls –** Assess surface contamination potential and advise on housekeeping and decontamination approaches, including wipe-down methods, cleaning frequency, identification of high-touch surfaces (e.g., door handles, keyboards, shared equipment), and other work practices that reduce cross-contamination in shared work areas.

xi. **Take-Home Contamination Prevention –** Provide recommendations to prevent take-home transfer of residues (e.g., doffing practices, lab coat use and laundering approach, dedicated work shoes/boot covers when warranted, storage of contaminated PPE, hygiene, and restrictions on taking contaminated items into break areas or vehicles).

xii. **Trigger Criteria for Escalation and Follow-Up –** Define practical criteria for when additional actions may be needed, such as expanded workplace monitoring, work practice restrictions, additional engineering controls, respiratory protection evaluation, or referral for medical surveillance/Occupational Health consultation based on monitoring results, process changes, or incident history.

xiii. **SOP Support and Practical Work Instructions –** Support development or refinement of task-specific SOP language that reduces exposure (set-up, handling steps, cleanup/decontamination, spill response, waste handling, control checks, and “stop work” criteria if controls fail), and ensure procedures are clear and feasible to implement.

xiv. **Incident/Near-Miss Review and Corrective Actions –** Consider relevant incident history (spills, leaks, odors, symptoms, equipment failures, complaints) to

identify exposure drivers and recommend corrective actions to prevent recurrence, including control upgrades, work practice changes, and targeted training.

xv. **Supervisor/PI Implementation Tools (Non-PHI) –** Provide practical checklists and control-verification tools as needed to assist supervisors with oversight and management of control measures.

xvi. **Re-Review Triggers and Change Management –** Establish when an assessment should be revisited or revised to maintain appropriate hazard protection (e.g., new chemical introduced, new procedure used, scale-up, new equipment/ventilation changes, relocation of work, new monitoring results, or changes in frequency/duration of the task, etc.).

e. Occupational Health

Occupational Health serves as the medical liaison between the workplace and the individual healthcare provider by providing confidential clinical consultation, evaluating work-related health risks, coordinating restrictions and clearances, and facilitating referrals to appropriate specialty providers as needed.

i. **Medical Consultation -** Arrange and facilitate confidential medical consultations for individuals who declare pregnancy or express reproductive/fertility concerns, including referrals to third-party occupational health clinics as appropriate.

ii. **Clinical Review -** Review Reproductive Hazard Questionnaires to determine need for medical surveillance or biological monitoring (e.g., blood lead levels).

iii. **Work Restrictions and Accommodations –** Interpret and document work restriction or accommodation guidance provided by Occupational Health physicians, and direct individuals to appropriate enrollment (e.g., medical surveillance, monitoring, or accommodation/disability management processes) as indicated**.**

iv. **Reproductive Hazard Review Packet (Inputs to Clinical Evaluation) –** Receive and review the consolidated “hazard review packet” from BSO/CHO/RSO/IH to support the confidential Occupational Health physician evaluation. The packet shall include the inventory of materials and tasks reviewed, a risk summary by exposure route (inhalation, dermal, ingestion/hand-to-mouth, injection/sharps, external dose), required controls (engineering/administrative/work practice/PPE), recommended substitutions (where feasible), monitoring/medical surveillance triggers (e.g., IH sampling, respirator medical clearance, dosimetry/bioassay), and sign-offs/responsible parties with a re-review cadence (e.g., when procedures change).

v. **Medical Record Management -** Maintain confidential medical records separate from EHSRM hazard assessment files in compliance with HIPAA and privacy laws.

f. Radiation Safety Officer (RSO)

The Radiation Safety Officer manages radiation-related risks relevant to reproductive health by completing a focused hazard review of the radiological materials and tasks involved; what is being used, how it is being used, how exposure could occur, and what controls are needed to reduce risk.

i. **Declared Pregnant Worker Program** – Administer the Declared Pregnant Worker program, including counseling on radiation risks and protective measures, enrollment as applicable, and issuance/management of fetal dosimetry when required.

ii. **Dose Monitoring** – Monitor dose (including fetal dose, when applicable) to support compliance with regulatory dose limits (e.g., 0.5 mSv per month). The RSO can review dose reports and trends, determine whether changes to tasks or monitoring frequency are needed, and provide recommendations to keep exposures As Low As Reasonably Achievable (ALARA).

iii. **Shielding and Controls** – Conduct shielding analyses and evaluate work setups to recommend engineering and administrative controls (e.g., lead shielding, shielding configuration changes, increased distance, reduced time, use of remote handling tools, designated work areas, contamination controls) aligned with ALARA and the specific tasks being performed.

iv. **Regulatory Compliance –** Ensure compliance with applicable State of California and NRC requirements (as applicable), including required training, postings/labeling, authorization/permit conditions, documentation, and recordkeeping related to radiation work and the Declared Pregnant Worker process.

v. **Radiation Source and Activity Assessment –** Review the radiation sources involved (e.g., radioisotopes, radiation-producing equipment such as X-ray generating devices, sealed sources) and evaluate the isotope/type, form, energy, and activity to determine potential external dose and contamination risk.

vi. **Task-Based Exposure Pathway Review –** Evaluate how exposure could occur during the individual's specific work activities (e.g., preparing aliquots, animal dosing, imaging procedures, instrument operation, waste handling, decontamination), including both external exposure pathways and internal contamination potential (inhalation, ingestion, skin contamination, or puncture wounds), and align controls and monitoring to those pathways.

5. **Occupational Health Physician**

a. **The Occupational Health Physician has the following responsibilities**:

i. When referred by EHSRM, evaluate potential reproductive hazards associated with the employee's work activities and work environment.

ii. Review the employee's/students Reproductive Hazard Questionnaire (Appendix A).

iii. Review EHSRM assessments, reports, and/or evaluations of the individual's work area and operations.

iv. When necessary, request additional IH evaluations (exposure measurement and characterization) including actual worksite visits to evaluate work practices and controls.

v. In coordination with the individual's personal health care provider, advise the individual regarding appropriate workplace limitations or job modifications, as applicable.

6. Human Resources or HR Partners.

a. UCR Human Resources and HR Partners shall:

i. Support supervisors in implementing workplace limitations or job modifications recommended by the Occupational Health Physician and/or EHSRM, as applicable.

ii. Provide consultation to employees and supervisors regarding work restrictions or modifications, as needed.

iii. Provide training and guidance to UCR-employed prospective parents regarding benefits and available campus resources.

iv. Process and coordinate reproductive health–related accommodation requests and coordinate timely submission and follow-through with employees and supervisors.

7. Student Disability Resource Center (SDRC)

a. **The Student Disability Resource Center shall:**

i. Determine whether a student has a disability that qualifies for accommodations under applicable federal and state requirements.

ii. Identify reasonable accommodations, as applicable.

iii. Coordinate with academic administrators to implement approved accommodations in a manner that does not compromise essential academic requirements.

8. UCR Office of Civil Rights (formerly the Office of Title IX, Equal Opportunity & Affirmative Action)

a. The UCR Office of Civil Rights shall:

i. Provide oversight and guidance regarding University obligations related to pregnancy, pregnancy-related conditions, and parenting status as protected under applicable civil rights laws and University policy.

ii. Receive and respond to reports of concerns that may involve discrimination, harassment, or retaliation related to pregnancy or related conditions, including

concerns affecting access to academic programs, research activities, employment, or University services.

iii. Coordinate supportive measures as appropriate to help ensure continued access and equitable participation for students and employees, consistent with applicable policy and privacy requirements.

iv. Consult with departments and campus partners (e.g., Human Resources, Student Disability Resource Center, EHSRM, Deans/Department leadership) when issues involve overlapping responsibilities, including accommodations, workplace adjustments, and academic adjustments.

v. Support consistent implementation of this Guideline by advising on complaint-related processes and equity considerations, including protections against retaliation.

9. Health Care Provider (Personal Physician)

i. Review the Reproductive Hazard Questionnaire, relevant SDS (when applicable), and the individual's job/task description.

ii. Determine whether the individual has medical conditions that may increase susceptibility to workplace reproductive hazards.

iii. When needed, collaborate with the Occupational Health Physician and/or EHSRM to inform appropriate workplace limitations or job modifications based on potential or actual exposures (chemical, biological, radiological, or physical).

iv. Working with the Occupational Health Physician and/or EHSRM to develop workplace limitations and/or modifications for the individual based on potential or actual chemical, biological, radiological, or physical exposures.

E. PROGRAM COMPONENTS

1. Exposure Control and Risk Reduction:

The Reproductive Health Protection Program emphasizes primary prevention; reducing potential exposures to chemical, biological, radiological, and physical hazards to the lowest achievable levels for everyone, not only for individuals who are pregnant or planning pregnancy. The Program uses a hierarchy of controls and applies a combination of strategies based on the work activity, hazard type, and exposure potential.

Exposure control strategies should follow the hierarchy of controls and may include:

a. Substitution

- Replace reproductive or developmental hazard agents or processes with less hazardous alternatives when feasible.

b. Engineering Controls

- Use physical and mechanical controls to reduce exposure, such as enclosures and local exhaust ventilation (e.g., chemical fume hoods, biosafety cabinets), as appropriate.

c. Administrative Controls

- Implement operation-specific procedures, including Standard Operating Procedures, and safe work practices to minimize exposure during routine and non-routine tasks.
- Promote hygiene and housekeeping practices that reduce take-home and secondary exposures, including handwashing, changing contaminated clothing, and showering when appropriate.
- Temporarily postpone higher-risk procedures or tasks until after pregnancy, when feasible.
- Adjust tasks or use job rotation to reduce exposure intensity or duration.
- Temporarily reassign the individual to duties that do not involve reproductive or developmental hazard exposures, when feasible.
- For students, modify or postpone specific higher-risk activities as needed while supporting continued academic progress and access to program requirements.

d. Personal Protective Equipment (PPE)

- Use appropriate PPE when exposures cannot be adequately controlled through substitution, engineering controls, or administrative controls.

2. Safety Information & Training

a. The University promotes proactive recognition of safety hazards, including early identification of potential reproductive hazards so employees, students, and volunteers can seek appropriate guidance and support. Information about the Reproductive Health Protection Guideline and reproductive hazards is made available through the EHSRM website and is reinforced through EHSRM chemical, radiological, and biological safety training.

b. Safety information may include, as applicable:

i. A copy of this guideline and its attachments
ii. Information specific to hazards present in the individual's work area and tasks.
iii. Recommended work practices and controls to reduce potential exposures.
iv. Laboratory Safety Fundamentals online training
v. Radiation Safety Online Training
vi. UCR Prenatal Radiation Exposure Guidelines (as applicable to radiological work)
vii. Relevant SDS and other hazard communication materials
viii. Any additional hazard-specific online training required for the work performed, based on the materials, agents, equipment, or processes used in the workplace (e.g., chemical-specific, biological agent, bloodborne pathogens, laser safety,

respiratory protection, hazardous waste, biosafety level–specific training, or other EHSRM-required modules).

3. **Declaration of Pregnancy or Intended Pregnancy and Reproductive Health Consultation**
   a. **Program approach and availability of support**
   UCR encourages early identification of potential reproductive hazards so individuals can receive timely guidance on exposures and controls. Individuals who are pregnant, suspect they may be pregnant, planning pregnancy/trying to conceive, nursing, or otherwise concerned about reproductive or developmental effects should request assistance from EHSRM as early as possible. Confidential consultation is available upon request.
   b. **Voluntary notification and consultation**
   Notification to EHSRM is voluntary. Individuals may request reproductive hazard information, training resources, and general guidance with or without declaring an actual, suspected, or planned pregnancy.
   Individuals are encouraged to seek guidance early, especially when working with reproductive toxins/teratogens, infectious agents of concern, ionizing radiation, or high-exposure physical stressors, so controls can be reviewed before exposures occur.
   c. **When a declaration is used**
   If an individual wants the University to assist with reviewing workplace hazards, exposure routes, and controls that may affect pregnancy and reproductive health, the individual may voluntarily declare an actual, suspected, or intended pregnancy by submitting the Declaration of Pregnancy and Reproductive Health Consultation Form to EHSRM.
   d. **Radiation requirement for prenatal protections (Declared Pregnancy)**
   For individuals who work with or around ionizing radiation or radioactive materials:
      i. A written Declaration of Pregnancy is required to activate prenatal (fetal) dose monitoring and applicable fetal dose limits, in accordance with the **UCR Prenatal Radiation Exposure Guidelines**.
      ii. Individuals may choose not to declare; however, without a written declaration, the University will apply standard occupational radiation dose limits and prenatal monitoring provisions will not be implemented.
   e. **What EHSRM can provide after notification (as applicable)**
   When an individual notifies EHSRM or requests consultation, EHSRM may:
      i. Help identify potential reproductive hazards in the work area (chemical, biological, radiological, and physical).
      ii. Review job tasks, materials/agents used, and potential exposure routes.
      iii. Recommend exposure control strategies (e.g., substitution, engineering controls, administrative controls, and PPE).
      iv. Provide hazard information, relevant SDS, and applicable training resources.
      v. Coordinate an Occupational Health consultation when appropriate.

f. Individual choice and responsibility

The decision to continue working in a laboratory or other hazard environment; after considering potential risks and available controls; remains with the individual. Individuals are encouraged to follow applicable safety requirements, use safe work practices, review workplace hazards, and share relevant hazards and job tasks with their personal health care provider.

g. Confidentiality and supervisor involvement

Pregnancy-related inquiries are handled with strict confidentiality to the extent permitted by law and operational need. Individuals may contact EHSRM and/or Occupational Health for consultation without notifying their department or supervisor. However, if workplace restrictions, job modifications, or accommodations are needed to implement exposure controls, supervisor involvement will be necessary to carry out those adjustments. Individuals may choose to keep their reproductive status confidential for a period of time; however, supervisor participation is typically required to implement workplace changes.

h. Form use and revocation

Individuals who voluntarily submit a written declaration may revoke the declaration at any time by providing a signed and dated statement requesting revocation (no explanation required).

i. Program response when a workplace health risk is identified

If, during a reproductive health consultation or work area review, EHSRM identifies a condition that may create a workplace health or safety risk (e.g., uncontrolled exposure potential, missing controls, or a previously unrecognized hazard), EHSRM will take appropriate steps to reduce risk and support timely corrective action. Actions may include:

i. **Initiating hazard evaluation and correction steps** consistent with the campus Injury and Illness Prevention Program (IIPP), including documenting the hazard, recommending corrective measures, and tracking completion. [1]

ii. **Recommending exposure controls** using the hierarchy of controls (engineering, administrative, and PPE), including interim measures when needed to reduce exposure promptly. [2]

iii. **Ensuring hazard communication and training elements are addressed** when hazardous chemicals or other regulated hazards are involved (e.g., access to SDS, hazard communication, and training updates). [3]

iv. **Notifying the appropriate campus parties** (e.g., supervisor/PI, department leadership, and/or other responsible units) when necessary to implement controls or prevent ongoing exposure, while limiting disclosures to the minimum necessary and maintaining confidentiality consistent with law and operational need. [1]

v. **Implementing interim risk controls**, which may include pausing or modifying specific tasks until appropriate controls are verified in place, when warranted by the exposure potential. [2]

vi. **Coordinating with Occupational Health** and other campus programs as appropriate when medical evaluation, work restrictions, or follow-up is indicated. [1]

vii. **Escalating incident reporting** when the situation involves a work-connected serious injury or illness (or death), consistent with Cal/OSHA reporting requirements. [4,5]

j. Declaration of Pregnancy and Reproductive Health Consultation Form:
Individuals who wish to notify EHSRM and/or request an Occupational Health consultation may complete the Reproductive Hazard Questionnaire (Appendix A). Appendix A includes the Declaration of Pregnancy form(s) and supporting sections used to document job tasks, potential reproductive hazards, and recommended controls to reduce exposure. Reproductive Hazard Questionnaire (Appendix A).

Return completed form to EHSRM:

Email: ehsocchealth@ucr.edu
Phone: 951-827-5528
Mail: EHRSM, Occupational Health
900 University Ave., Riverside, CA 92521

F. THE SEQUENCE OF EVENTS (COMMUNICATION, EVALUATION, RECOMMENDATIONS)

1. An individual (a faculty, employee, student, or volunteer): triggers a review by doing any of the following:
   i. **Pregnancy or pregnancy intent disclosure**: Completes the UCR Declaration of Pregnancy Form and notifies their supervisor and EHSRM of a current pregnancy, suspected pregnancy, or intent to become pregnant.
   ii. **Reproductive health concern:** Notifies EHSRM that they have a reproductive health concern related to their work duties or exposures.
   iii. **Radiation work (if applicable):** May voluntarily notify the UCR Radiation Safety Officer (in writing) if they become pregnant, suspect pregnancy, or intend to become pregnant. Radiation workers shall follow the UCR Prenatal Radiation Exposure Guidelines provided during required training.
   iv. **Questionnaire submission (alternative pathway):** Completes the Reproductive Hazard Questionnaire (Appendix A). and submits it to EHSRM: by email to ehsocchealth@ucr.edu or by mail to EHSRM Occupational Health, 900 University Ave., Riverside, CA, 92521. This allows EHSRM to review the full scope of potential hazards, including radiation and any other exposures identified.
2. EHSRM conducts an onsite reproductive hazard assessment of the individual's work area, with the individual's participation, to complete the Exposure Controls section of the Reproductive Hazard Questionnaire. The assessment may include review of applicable SDS, or other toxicology information and consideration of a brief job/task description provided by the individual and/or the supervisor.

i. **Consolidated hazard review packet (deliverable)** - For the Reproductive Health Program, EHSRM (BSO/CHO/RSO/IH as applicable) will provide Occupational Health with a concise written hazard review packet to support the individual's confidential physician evaluation.
ii. **Minimum contents** - The packet will include: materials reviewed (chemical/biological/radiological) and associated tasks; a risk summary by exposure route (inhalation, dermal, ingestion/hand-to-mouth, injection/sharps, external dose); and required controls (engineering, administrative, work practice, PPE), including recommended substitutions or process changes where feasible.
iii. **Monitoring and documentation** - The packet will identify monitoring and medical surveillance triggers (e.g., IH sampling, respirator medical clearance/fit testing, dosimetry/bioassay, follow-up evaluation) and include responsible parties/sign-offs and re-review triggers (e.g., procedure changes, new materials, scale-up, or relocation).

3. If the individual's activities occur as part of a course or class, EHSRM will coordinate the relevant safety information and recommended controls with the appropriate department and course instructor/professor, as needed to support implementation. When a student requests academic adjustments or protections related to pregnancy, parenting, or a related condition, the student will be encouraged to enroll with the Student Disability Resource Center (SDRC) and to contact the UCR Office of Civil Rights (formerly the Office of Title IX, Equal Opportunity & Affirmative Action) so the student can access applicable supportive measures, academic protections, and available resources.
4. EHSRM will return the Reproductive Hazard Questionnaire to the individual with the Recommended Exposure Controls section completed and, as appropriate, will work to coordinate a consultation with the Occupational Health Physician. If the individual has declared pregnancy to their supervisor and implementation of workplace controls requires supervisor action, EHSRM will provide the relevant recommendations to both the individual and the supervisor, consistent with privacy requirements.
5. The individual is advised to take the following information to their health care provider for discussion:
    i. Completed Reproductive Hazard Questionnaire
    ii. Job/task description
    iii. SDS for any applicable hazardous materials.
6. Concurrently, EHSRM will encourage the individual to pursue a reproductive health consultation with the Occupational Health Physician covered by the Occupational Health Program. Based on the information available (e.g., the Reproductive Hazard Questionnaire, job/task description, EHSRM assessment findings, and applicable hazard information), the Occupational Health Physician may recommend appropriate work or school restrictions, limitations, or other modifications when clinically indicated.
    i. As needed, and at the individual's request, the Occupational Health Physician may coordinate with the individual's personal health care provider regarding recommended

restrictions or limitations. This coordination may include sharing relevant workplace exposure information to support clinical decision-making, consistent with applicable privacy requirements.

ii. When clinically indicated, the Occupational Health Physician will provide written recommendations, including any work/school restrictions, limitations, and required actions. If Respiratory Protection Program enrollment is indicated, the Occupational Health Physician will document the medical clearance status and any applicable restrictions. EHSRM will provide the individual with instructions for next steps, including required training and the appropriate campus contacts.

iii. When implementation requires campus action, EHSRM will provide the minimum necessary information to the appropriate parties (e.g., the individual and, as needed, the supervisor/PI or academic unit) to support implementation of recommended controls, restrictions, or program enrollments. EHSRM will also provide direction to employees/students on required enrollments (e.g., Respiratory Protection, laboratory safety training, radiation safety, or other applicable programs) and how to access those services.

7. **Provider documentation and routing.** If an individual obtains written limitations or restrictions from their personal health care provider, the individual should provide that documentation through the appropriate campus channel, as applicable: (1) their supervisor and/or Human Resources (employees), or (2) Disability Management (employees) or the Student Disability Resource Center (students).
    i. Student accommodations. When academic adjustments or accommodations are needed to reduce or avoid potential exposures, the Student Disability Resource Center shall coordinate with the student and relevant academic units to support reasonable modifications, consistent with applicable processes and requirements.
    ii. Supervisor notification and coordination. When a supervisor receives provider-imposed work restrictions for an employee, the supervisor shall notify Human Resources, Disability Management and EHSRM as appropriate to support evaluation of workplace controls and implementation planning, consistent with privacy requirements.
8. Supervisors/Principal Investigators implement applicable restrictions and EHSRM-recommended exposure controls and training actions within the work area, as feasible and consistent with operational needs.
9. Employees and supervisors may request assistance from Human Resources and Disability Management regarding the interpretation, documentation, and implementation of work restrictions, job modifications, and related EHSRM recommendations.

G. ANTI-DISCRIMINATION AND EQUAL ACCESS

1. **Non-discrimination.** UCR does not discriminate on the basis of sex (including pregnancy or related conditions), race, disability, age, or any other protected characteristic in hiring,

assignment, training, promotion, or other terms and conditions of employment or participation in UCR programs and activities.

2. **Equal access and supportive measures**. Employees and students who are pregnant or have related conditions may request supportive measures and/or accommodations through established campus channels, including the UCR Office of Civil Rights (formerly Title IX/EOAA) and, as applicable, Human Resources, Workers' Compensation & Disability Management, and/or the Student Disability Resource Center.
3. **Exposure reduction without discrimination**. When a workplace exposure concern is identified, the preferred approach is to reduce risk through feasible controls (e.g., substitution, engineering controls, and safe work practices). If those measures are technologically infeasible or ineffective in achieving required exposure limits or otherwise adequately reducing risk, temporary task modification, reassignment, or removal from specific exposures may be considered on a case-by-case basis, coordinated through appropriate campus processes.
4. **Narrow scope and individual choice**. Any task modification or reassignment considered for exposure reduction is narrowly tailored to the specific hazard and exposure scenario and preserves the greatest feasible level of individual choice while supporting health and safety protections.
5. **Protection from retaliation and complaint options**. Concerns related to discrimination, harassment, retaliation, or unequal treatment may be reported to the UCR Office of Civil Rights, which responds to reports and complaints under the University's anti-discrimination

H. ANTI-DISCRIMINATION POLICY

1. **Non-discrimination.** UCR does not discriminate on the basis of sex (including pregnancy or related conditions), race, disability, age, or any other protected characteristic in hiring, assignment, training, promotion, or other terms and conditions of employment or participation in UCR programs and activities.[10]
2. **Equal access and supportive measures.** Employees and students who are pregnant or have related conditions may request supportive measures and/or accommodations through established campus channels, including the UCR Office of Civil Rights (formerly Title IX/EOAA) and, as applicable, Human Resources, Workers' Compensation & Disability Management, and/or the Student Disability Resource Center.[6, 7, 9]
3. **Exposure reduction without discrimination.** When a workplace exposure concern is identified, the preferred approach is to reduce risk through feasible controls (e.g., substitution, engineering controls, and safe work practices). If those measures are technologically infeasible or ineffective in achieving required exposure limits or otherwise adequately reducing risk, temporary task modification, reassignment, or removal from specific exposures may be considered on a case-by-case basis, coordinated through appropriate campus processes. [8,9]
4. **Narrow scope and individual choice.** Any task modification or reassignment considered for exposure reduction is narrowly tailored to the specific hazard and exposure scenario and

preserves the greatest feasible level of individual choice while supporting health and safety protections.

5. **Protection from retaliation and complaint options.** Concerns related to discrimination, harassment, retaliation, or unequal treatment may be reported to the UCR Office of Civil Rights, which responds to reports and complaints under the University's anti-discrimination procedures. [8,9]
6. UCR will coordinate any necessary job modifications or temporary reassignments through established HR/Disability Management processes, with the goal of supporting continuity of work when feasible and consistent with applicable policies and requirements.

I. CONFIDENTIALITY

a. Confidential consultation.

Individuals may contact EHSRM to request information or consultation regarding workplace hazards and potential exposures without disclosing personal medical information to their department or supervisor. Individuals may request a confidential discussion and, when feasible, general hazard guidance may be provided without identifying the individual's specific circumstances.

b. Minimum necessary disclosure.

When the program identifies a need for workplace controls, job modifications, academic adjustments, or supportive measures, EHSRM may coordinate with the appropriate campus offices (e.g., Human Resources, Workers' Compensation & Disability Management, Student Disability Resource Center, and/or the UCR Office of Civil Rights) to support implementation. Information will be shared only on a need-to-know basis and limited to the minimum necessary to carry out required actions, consistent with applicable privacy requirements.

c. Supervisor/department involvement when required for implementation.

If changes to work or academic activities are necessary to reduce risk, such as implementing exposure controls, changing tasks, or coordinating medical clearance steps (e.g., respirator medical clearance and fit testing followed by required respiratory protection use);it may be necessary for EHSRM to communicate with the supervisor/PI or an appropriate department representative to ensure controls are implemented and ongoing exposure is prevented. For students, implementation may also require coordination with the course instructor/professor, department, and/or the Student Disability Resource Center and UCR Office of Civil Rights, as appropriate, to support academic adjustments and supportive measures while limiting disclosure to the minimum necessary.

d. Work area review with limited disclosure.

EHSRM may conduct a work area review or reproductive hazard assessment in a manner intended to minimize disclosure of personal information to others in the work area, to the extent feasible while still achieving the safety purpose of the assessment.

e. Protected status.

Pregnancy, preconception, and conditions related to the evaluation or treatment of infertility are protected conditions under University policy, and individuals are entitled to seek supportive measures and assistance through established campus processes.

J. REPORTING REQUIREMENTS

1. Reproductive status reporting.

Individuals are not required to report pregnancy, intent to conceive, fertility status, or other reproductive health information to participate in this Program. Individuals may request consultation and safety guidance at any time.

2. Safety concerns and potential exposures.

Individuals shall promptly report suspected or confirmed workplace hazards or potential exposure concerns to their supervisor/PI and EHSRM, including:

i. Unsafe conditions or failed/missing exposure controls (e.g., ventilation concerns, PPE issues, spills not cleaned appropriately).

ii. Chemical, biological, radiological, or physical exposure incidents (including sharps injuries) and near misses.

iii. Unusual symptoms believed to be associated with a workplace exposure.

3. Emergency situations.

For emergencies or urgent exposure events, individuals shall follow campus emergency procedures first and then notify their supervisor/PI and EHSRM as soon as feasible.

4. Radiation-related reporting (if applicable).

Individuals working with ionizing radiation shall report radiation incidents or abnormal conditions in accordance with the Radiation Safety Program (e.g., suspected overexposures, contamination events, lost or damaged dosimeters).

5. Work restrictions, accommodations, and leave (employees).

Employees who require work restrictions, job modifications, or leave related to a medical condition shall coordinate through established campus processes, including UCR Workers' Compensation & Disability Management, and provide documentation as needed to support implementation.

6. Student supportive measures and academic adjustments.

Students seeking academic adjustments or supportive measures related to pregnancy or a related condition should contact the Student Disability Resource Center (SDRC) and/or the UCR Office of Civil Rights, as applicable.

7. Confidentiality.

Program-related inquiries will be handled confidentially to the extent permitted by law and operational need. Information will be shared only as necessary to evaluate hazards and implement controls, restrictions, or supportive measures.

Reporting Channels — Reproductive Health Protection Program (UCR)

Use the list below to report safety concerns, request assistance, or coordinate restrictions/supportive measures related to reproductive health and workplace hazards.

Reporting Channel	When to Use	Contact / Link
Emergency Response	Immediate danger to life/safety; urgent exposure events	Emergency: 911
UCR Police Department /Dispatch	Urgent campus safety needs; emergency coordination; after-hours assistance when appropriate	(951) 827-5222 Police & Campus Safety Contact Page
Environmental Health Safety& Risk Management (EHSRM)	Report unsafe conditions, spills, uncontrolled exposures, missing controls; request hazard evaluation and corrective actions	Main Line: (951) 827-5528 Email: ehs@ucr.edu Who Do I Call? (EH&S)
Industrial Hygiene (IH)	Exposure monitoring and evaluation (chemical/physical exposures), ventilation/engineering control assessment, and industrial hygiene support for respiratory protection (e.g., exposure characterization and monitoring).	Industrial Hygiene (EH&S program page) IH Office Email: ehsih@ucr.edu EH&S Main Line: (951) 827-5528
Laboratory & Research Safety	Research/lab safety consultation related to biological hazards, hazardous chemicals, radiation safety coordination, PPE requirements, and safe work practices in research and instructional settings.	Laboratory & Research (EH&S) Lab Safety Contact: ehslaboratory@ucr.edu EH&S Main Line: (951) 827-5528

Occupational Health (EHSRM Occupational Health Program)	Request reproductive health consultation coordination; questions about Occupational Health surveillance workflows and assistance	Email: ehsocchealth@ucr.edu Occupational Health Program Page OHSS Page (contact info)
Radiation Safety (via EHSRM)	Radiation-related concerns (e.g., suspected abnormal exposure/contamination, dosimeter issues) and program guidance	Radiation Safety Program Page EH&S Main Line: (951) 827-5528
Workers' Compensation	Work-related injury/illness reporting and claims support for employees; manager resources and claim routing	Email: workerscomp@ucr.edu Workers' Compensation Contact Page Workers' Compensation Website
Disability Management (Workers' Compensation & Disability Management)	Return-to-work coordination; work restrictions/limitations; disability management questions and support	Email: disabilitymanagement@ucr.edu Disability Management Page
Student Disability Resource Center (SDRC)	Academic adjustments/accommodations for students; disability services enrollment	Phone: (951) 827-3861 Email: sdrc@ucr.edu SDRC Contact Page
UCR Office of Civil Rights (formerly Title IX, Equal Opportunity & Affirmative Action)	Pregnancy-related supportive measures and civil rights compliance; pregnancy accommodation request support	Phone: (951) 827-7070 Email: civilrights@ucr.edu Office of Civil Rights Contact Page Pregnancy Accommodations & Resources

K. REFERENCES - UCR EHSRM PROGRAMS AFFECTING REPRODUCTIVE HEALTH

The references below include key UCR EHSRM programs and applicable Cal/OSHA standards that may inform reproductive health hazard identification, exposure controls, and training.

1. UCR Prenatal Radiation Exposure Guideline / Radiation Safety resources

   - Radiation Safety (UCR EHSRM program page) — https://ehs.ucr.edu/laboratory/radiation
   - NRC Regulatory Guide 8.13: Instruction Concerning Prenatal Radiation Exposure (PDF) — https://ehs.ucr.edu/sites/default/files/2019-04/regulatoryguide8.13.pdf
   - Title 8, Section 5191 (Cal/OSHA) — Occupational Exposure to Hazardous Chemicals in Laboratories DIR Title 8 §5191 — https://www.dir.ca.gov/title8/5191.html
   - Title 8, Section 5194 (Cal/OSHA) — Hazard Communication DIR Title 8 §5194 — https://www.dir.ca.gov/title8/5194.html

2. UCR Chemical Hygiene Plan (CHP)

- Chemical Hygiene Plan (UCR EHSRM program page) — https://ehs.ucr.edu/laboratory/chemical-hygiene-plan
- Chemical Hygiene Plan (PDF) —https://ehs.ucr.edu/laboratory/chemicalhygieneplan

3. UCR Hazard Communication Plan / Program (Written Program)
   - Hazard Communication Program (PDF download) — https://ehs.ucr.edu/media/1641/download
4. UCR Respiratory Protection Plan / Program
   - Respiratory Protection (UCR EHSRM program page) — https://ehs.ucr.edu/safety/respiratory-protection
5. UCR Biosafety Manual (program page) — https://ehs.ucr.edu/laboratory/biosafety-manual
6. UCR Bloodborne Pathogen Exposure Control Plan (PDF download) — https://ehs.ucr.edu/document/bloodborne-pathogens-and-atd-exposure-control-plan

L. WORKS CITED

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2. United States Department of Labor, Occupational Safety and Health Administration. Identifying Hazard Control Options: The Hierarchy of Controls. n.d. https://www.osha.gov/sites/default/files/Hierarchy_of_Controls_02.01.23_form_508_2.pdf. Accessed 30 Jan. 2026.

3. California Department of Industrial Relations. "§ 5194. Hazard Communication." California Code of Regulations, Title 8, n.d. https://www.dir.ca.gov/title8/5194.html. Accessed 30 Jan. 2026.

4. California Department of Industrial Relations. "§ 342. Reporting Work-Connected Fatalities and Serious Injuries." California Code of Regulations, Title 8, n.d. https://www.dir.ca.gov/title8/342.html. Accessed 30 Jan. 2026.

5. California Department of Industrial Relations. "Report a Work-Related Accident - Employers." Division of Occupational Safety and Health, n.d. https://www.dir.ca.gov/dosh/report-accident-or-injury.html. Accessed 30 Jan. 2026.

6. UCR Office of Civil Rights — Pregnancy accommodations and resources — https://titleix.ucr.edu/pregnancy-accommodations-and-resources

7. UCR Office of Civil Rights — Resources — https://titleix.ucr.edu/resources

8. UCR Compliance — Discrimination-related policies — https://compliance.ucr.edu/discrimination-related-policies

9. UCR Compliance — Office of Civil Rights — https://compliance.ucr.edu/office-civil-rights

10. UC Nondiscrimination Policy statement (UCR page) — https://somsa.ucr.edu/uc-nondiscrimination-policy

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12. Park, C. (2020). Reproductive toxic agents in work environments and related cases in Korea. Yeungnam University Journal of Medicine, 37(1), 22–31. https://doi.org/10.12701/yujm.2019.00416

13. Pease, W. S. (1992). Identifying chemical hazards for regulation: The scientific basis and regulatory scope of California's Proposition 65 list of carcinogens and reproductive toxicants. Risk: Issues in Health and Safety, 3(2), 127–171.

14 Shaffer, R. M., & Gilbert, S. G. (2018). Reducing occupational lead exposures: Strengthened standards for a healthy workforce. NeuroToxicology, 69, 181–186. https://doi.org/10.1016/j.neuro.2017.10.009

I. REPRODUCTIVE HEALTH RESOURCES

EXTERNAL RESOURCES

- Advisory Committee on Dangerous Pathogens (UK): Infection risks to new and expectant mothers in the workplace — https://www.hse.gov.uk/pubns/books/infection-mothers.htm
- American Chemical Society (ACS) Publications: What to Expect When Expecting in Lab (Chemical Research in Toxicology, 2022) — https://pubs.acs.org/doi/10.1021/acs.chemrestox.1c00380
- American Society for Reproductive Medicine (ASRM) — https://www.asrm.org/
- California OEHHA Proposition 65: List of chemicals known to cause reproductive toxicity — https://oehha.ca.gov/proposition-65/proposition-65-list
- Centers for Disease Control and Prevention (CDC) / National Institute for Occupational Safety and Health (NIOSH): Reproductive Health and the Workplace — https://www.cdc.gov/niosh/reproductive-health/about/index.html
- Centers for Disease Control and Prevention (CDC): Reproductive Health Information — https://www.cdc.gov/reproductivehealth/
- CDC/NIOSH: The Effects of Workplace Hazards on Female Reproductive Health — https://www.cdc.gov/niosh/docs/99-104/
- Federal Regulations: 10 CFR 20.1208 — Dose equivalent to an embryo/fetus — https://www.ecfr.gov/current/title-10/chapter-I/part-20/section-20.1208
- March of Dimes: Pregnancy & newborn health information — https://www.marchofdimes.org/find-support/topics/pregnancy
- MotherToBaby: Information about medications and exposures in pregnancy & lactation — https://mothertobaby.org/

- National Institute for Occupational Safety and Health (NIOSH): Homepage — https://www.cdc.gov/niosh/
- National Toxicology Program (NTP): Historical NTP-CERHR Monographs — https://ntp.niehs.nih.gov/publications/monographs
- Nature Reviews Chemistry: Pregnancy in the lab (2022) (scroll to "Pregnancy in the lab") — https://www.nature.com/natrevchem/articles?type=comment&year=2022
- NIOSH: Common workplace hazards / specific exposures during pregnancy (NIOSH pregnancy & work page) — https://www.cdc.gov/niosh/topics/repro/pregnancy.html
- NIOSH Guide: The Effects of Workplace Hazards on Female Reproductive Health (NIOSH publication) — https://www.cdc.gov/niosh/docs/99-104/
- Occupational Safety and Health Administration (OSHA): Reproductive hazards overview — https://www.osha.gov/reproductive-hazards
- Reprotox (Reproductive Toxicology Center) database — https://reprotox.org/

UCR RESOURCES

- UCR Environmental Health & Safety - https://ehs.ucr.edu/
- UCR Academic Personnel Office: Leave — Having a Baby — https://academicpersonnel.ucr.edu/leave-having-a-baby
- UCR Academic Personnel Office: FAQ for Family Friendly Policies — https://academicpersonnel.ucr.edu/faq-for-family-friendly-policies
- UCR Center for Early Childhood Education — https://cece.ucr.edu/
- UCR Chief Compliance Office: Pregnancy resources — https://compliance.ucr.edu/pregnancy
- UCR Workers' Compensation & Disability Management: Disability Management — https://workerscomp.ucr.edu/image/disability-management
- UCR Environmental Health & Safety: Formaldehyde Safety and Exposure Prevention — https://ehs.ucr.edu/document/formaldehyde-safety-and-exposure-prevention
- UCR Human Resources: Health Care Facilitator Program — https://hr.ucr.edu/benefits-0/health-care-facilitator-program
- UCR Student Case Management — https://casemanagement.ucr.edu/
- UCR Student Disability Resource Center (SDRC) — https://sdrc.ucr.edu/
- UCR School of Medicine Student Affairs: Office of Student Support & Wellness — https://somsa.ucr.edu/office-student-support-wellness
- UCR Office of Civil Rights (formerly Title IX, Equal Opportunity & Affirmative Action) — https://titleix.ucr.edu/
- UCR Office of Civil Rights: Pregnancy accommodations and resources — https://titleix.ucr.edu/pregnancy-accommodations-and-resources
- UCR Environmental Health & Safety: Reproductive Health resources landing page — https://ehs.ucr.edu/occupational-health/Reproductive%20Health

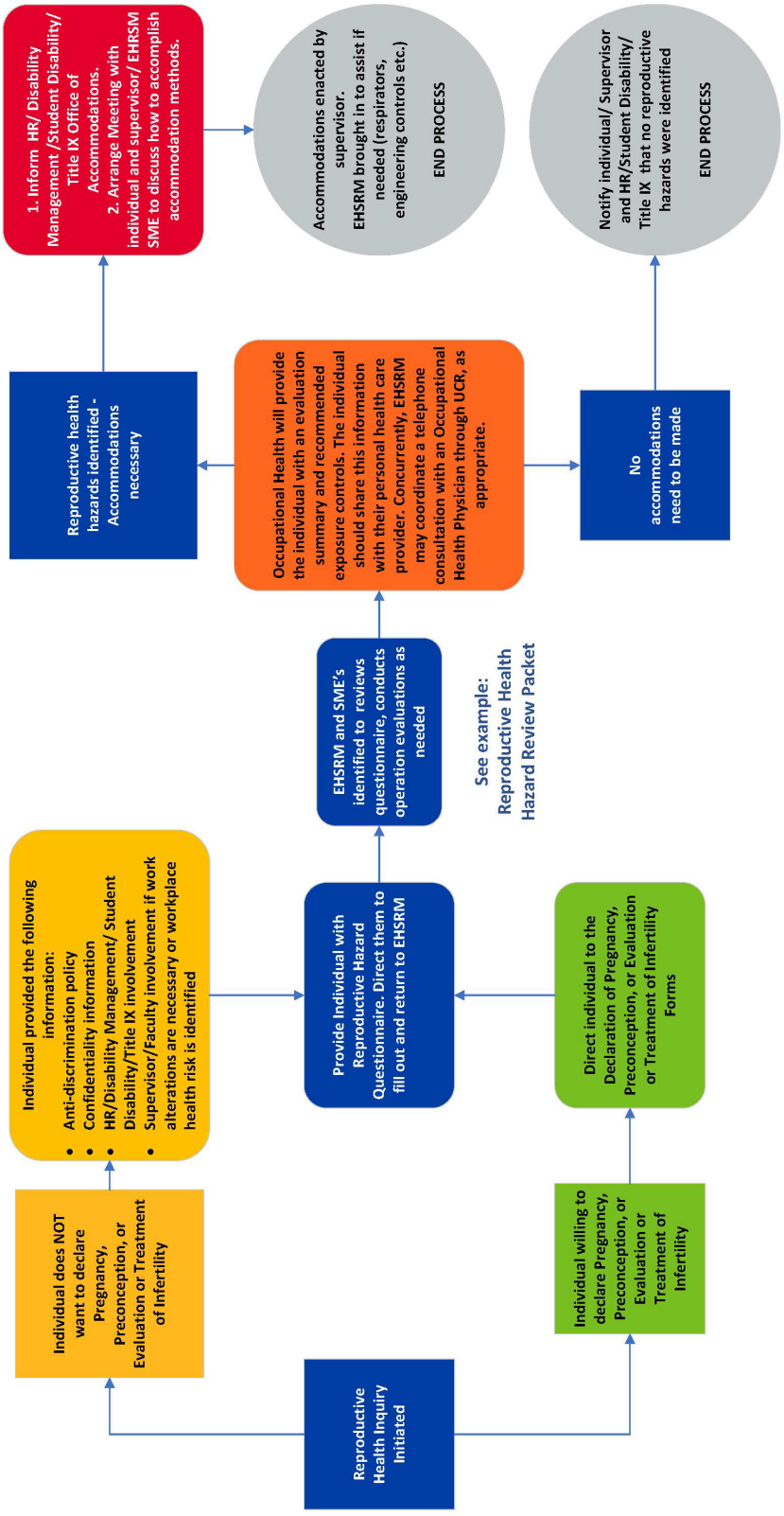
UC RESOURCES

- UCnet: Pregnancy, Newborn Child, and Adopted Child Factsheet (PDF) — https://ucnet.universityofcalifornia.edu/wp-content/uploads/forms/pdf/pregnancy-newborn-child-and-adopted-child.pdf
- UC Guide: What to Do If You're Having a Baby (resource hub page) — https://www.oeod.uci.edu/parenting/students/index.php (hub includes UC guides)

ADDITIONAL RESOURCES

- California Civil Rights Department (CRD; formerly DFEH): Employment discrimination resources — https://calcivilrights.ca.gov/employment/
- Equal Employment Opportunity Commission (EEOC): Pregnancy Discrimination and Pregnancy-Related Disability Discrimination — https://www.eeoc.gov/pregnancy-discrimination
- MotherToBaby: Ionizing Radiation in the Workplace — https://mothertobaby.org/fact-sheets/ionizing-radiation-workplace/
- Pregnant Workers Fairness Act (PWFA): EEOC "What You Should Know" — https://www.eeoc.gov/wysk/what-you-should-know-about-pregnant-workers-fairness-act
- The Pregnant Scholar: Helpful Handouts for students and faculty — https://thepregnantscholar.org/helpful-handouts/
- The Pregnant Scholar: How to find help — https://thepregnantscholar.org/how-to-find-help/
- The Pregnant Scholar: Title IX Basics — https://thepregnantscholar.org/title-ix-basics/
- The Pregnant Scholar: Toolkit (Title IX updates toolkit page) — https://thepregnantscholar.org/titleix-updates-toolkit/

Reproductive Health Protection Guidelines



EXAMPLE: REPRODUCTIVE HEALTH HAZARD REVIEW PACKET (BSO/CHO/RSO/IH)

To: Occupational Health (for confidential physician consult)
Employee/Student: [Name]
Consult Date/Time: 07/02/2025 – 3:00 PM (Telehealth – Dr. XXXX)
Work Area(s): [Building/Room], [Animal Facility if applicable]
Reviewer(s): BSO: [Name], CHO: [Name], IH: [Name] RSO: [Name]
Date of Review: [MM/DD/YYYY]

Summary Statement (for the packet cover)

EHSRM completed a focused hazard review in preparation for the individual's reproductive health consultation. This review summarizes what materials are used, how they are used, how exposure could occur (inhalation, dermal, ingestion/hand-to-mouth, sharps, splash/aerosols), and the controls recommended to reduce risk. Recommendations are intended to support clinical decision-making and workplace implementation while maintaining privacy.

A. Biosafety Officer (BSO) Review (Biological Agents & Biohazards)

Biological Materials / Agents Reviewed

Agent / Material	Type	Exposure Frequency	Work Location	Key Exposure Pathways	Recommended Controls	Relative Reproductive Concern*
Bifidobacterium infantis	Nonpathogenic bacteria	Weekly	BSC	Aerosol/splash, dermal, hand-to-mouth	Standard BSL-1/2 practices; work in certified BSC; nitrile gloves, lab coat/gown, eye protection	Minimal
Bacteriophage (non-human infective)	Virus (nonhuman infective)	Weekly	BSC	Aerosol/splash, dermal	Standard microbiological practices; BSC use; nitrile gloves, lab coat, eye protection	Negligible
Mycobacterium bovis (BCG strain)	Live attenuated bacteria	Weekly	BSC	Aerosol generation, splash, sharps,	BSL-2+ practices; handle only in certified BSC; double nitrile gloves; face/eye	Moderate (clinical review advised)

				mucous membrane	**protection if splash risk; reinforce decon/spill response**	
Human feces / vaginal secretions	**Human primary specimens**	**Weekly**	**BSC**	**Bloodborne/OPIM-type exposure, splash, aerosolization, hand-to-mouth**	**Treat as potentially infectious; double nitrile gloves; gown/lab coat; eye/face protection; strict BSC technique; decontamination and waste controls**	**Elevated (depends on screening/controls)**
Laboratory mice (animal work)	**Vertebrate animal work**	**Variable**	**Animal facility/BSC**	**Allergen exposure, bites/scratches, zoonotic agents depending on colony**	**Animal work coat; nitrile gloves; hygiene/handwashing; avoid hand-to-mouth; consider respiratory protection if sensitized; evaluate reassignment if symptoms develop**	**Variable**

*Relative reproductive concern is a screening summary to inform the Occ Health consult; final clinical guidance is determined by the Occupational Health physician.

BSO Key Notes / Recommendations:

- **Containment verification:** Confirmed BSC certification is current and that work is conducted using appropriate BSL/ABSL practices for each material/task.
- **Exposure pathway focus:** Most relevant pathways include aerosols/splash within the BSC, sharps handling, and hand-to-mouth transfer (especially with human specimens).
- **BCG handling:** Because BCG is live attenuated, recommend clinical review prior to continued handling during pregnancy and ensure strict BSL-2+ controls are followed.

- **Human specimens:** Recommend treating as potentially infectious with enhanced PPE and strict technique; clarify whether any donor screening exists and document it if available.
- **Animal allergens:** If the individual has respiratory symptoms or known sensitization, consider additional controls (IH/Occ Health to evaluate respirator medical clearance if needed) and reassignment if clinically indicated.
- **Face protection:** Here an example from the Occupational Health Physician as a recommended practice to this particular patient: Wear a face shield when working with potentially pathogenic human samples, in addition to using a certified biosafety cabinet (BSC) and standard PPE (lab coat, gloves, closed-toe shoes, and long pants).
- **Glove practices: Change gloves frequently**, especially after contact with contaminated surfaces, when switching tasks, and immediately if torn/soiled.

BSO Sign-off: _____ Date: _____

B. Chemical Hygiene Officer (CHO) Review (Chemicals, Lab Practices, Exposures)

Chemical Agents Reviewed

Chemical	Typical Quantity	Exposure Frequency	Use Location	Key Exposure Pathways	Recommended Controls	Relative Reproductive Concern
Ethanol	**~10 mL**	**Daily**	**Bench / BSC**	**Inhalation (vapors), dermal**	**Use in certified fume hood when feasible; keep containers closed; nitrile gloves (≥4 mil), safety glasses, lab coat**	**Low**
Isopropanol	**~10 mL**	**Daily**	**Bench / BSC**	**Inhalation, dermal**	**Use in fume hood or well-ventilated area; minimize open-bench handling; nitrile gloves, safety glasses, lab coat**	**Minimal**
Bleach (sodium hypochlorite)	**~10 mL**	**Daily**	**Open bench (surface disinfection)**	**Respiratory irritation, splash to eyes/skin**	**Use in well-ventilated area; avoid mixing with other cleaners; eye protection; gloves; follow dilution/SOP;**	**Low (irritant hazard)**

					ensure labeled secondary container	

CHO Key Notes / Recommendations

- **Task-based assessment:** Primary risk drivers are **frequency (daily)**, open-container handling, and ventilation conditions (bench vs hood).
- **Ventilation controls:** When feasible, perform volatile chemical handling **in a fume hood** rather than open bench; ensure good work practices (containers closed, minimize time open).
- **PPE:** Confirm glove compatibility and minimum thickness; recommend nitrile for routine use and eye protection when splash potential exists.
- **Chemical mixing caution:** Reinforce **never mixing bleach** with acids/ammonia/other cleaners to prevent toxic gas formation.
- **SOP alignment:** Confirm disinfection and chemical handling SOPs include spill response and waste handling (if applicable).
- **Application method (reduce aerosols):** Here is an example from the Occupational Health Physician as a recommended practice to this particular patient: When applying ethanol or isopropanol for surface disinfection, use a **squirt bottle rather than a spray bottle** to help reduce aerosolization and minimize inhalation/eye exposure potential.

CHO Sign-off: _____ Date: _____

C. Industrial Hygiene (IH) Review (Exposure Assessment & Control Effectiveness)

IH Observations / Verification (Worksite & Controls)

- **Work practice verification:** Observed/confirmed that biological manipulations and higher-splash/aerosol tasks are conducted inside a certified BSC, with appropriate technique (minimize rapid movements, keep materials inside the work zone).
- **Ventilation review:** Confirm whether ethanol/isopropanol handling occurs on open bench versus fume hood; recommend moving routine volatile handling to hood when feasible.
- **Surface contamination controls:** Confirm housekeeping/decontamination practices are appropriate for both chemical and biological residues (wipe-down method, frequency, high-touch surfaces).
- **PPE use evaluation:** Confirm glove type, change-out frequency, and eye/face protection match splash/aerosol tasks; evaluate need for additional barriers (gown/sleeves) for primary human materials.

IH Exposure Pathway & Prevention Add-ons (Preconception / Pregnancy)

- **Hand-to-mouth prevention:** Reinforce hand hygiene and avoiding contamination transfer to phones/keys/keyboards; designate “clean” areas.
- **Take-home exposure prevention:** If contamination potential exists, recommend changing out of lab coats/PPE before leaving, storing/ laundering lab coats appropriately, and avoiding taking potentially contaminated items home.
- **Respiratory protection trigger (if applicable):** If N95 is recommended for animal allergens or other exposures, ensure referral to the Respiratory Protection Program for medical clearance, fit testing, and training (as applicable).
- **Escalation criteria:** If tasks change (scale-up, new agents, increased volumes, new procedures), request re-review and consider targeted monitoring or reassessment.
- **Work practice verification:** Confirm that disinfection is performed using a squirt bottle application method (not spray) and that glove change practices and face protection are used consistently during human specimen handling, particularly when splash/aerosol potential exists.

IH Sign-off: _____ Date: _____

D. Radiation Safety Officer (RSO) Review (Radiological Materials & Tasks)

Radiation Work Status: ☐ Yes ☐ No
Authorized User/Permit: [AU name / RUA Permit #, if applicable]
Work Locations: [Building/Room], [Imaging Suite], [Animal Facility]
Declared Pregnant Worker Status (voluntary): ☐ Declared ☐ Not declared ☐ Not applicable / No radiation work

Radiation Sources Reviewed

Source / Equipment	Type	Typical Activity / Setting	Exposure Frequency	Work Location	Key Exposure Pathways	Recommended Controls	Relative Reproductive Concern
[P-32]	Unsealed radioisotope	[e.g., 0.5–2 mCi/week]	[Weekly]	[Lab/BSC]	External dose, contamination → ingestion/skin, sharps	ALARA (time/distance/shielding); plexiglass shielding; designated “hot” area; double gloves; contamination surveys; sharps controls; waste segregation	[Moderate/Variable]

[H-3]	**Unsealed radioisotope**	**[e.g., low-level wipes/labeling]**	**[Monthly]**	**[Bench/BSC]**	**Internal uptake (ingestion, contamination**	**Good contamination control; no mouth pipetting; gloves; frequent surveys/wipe tests; proper waste**	**[Low/Variable]**
[X-ray unit / Cabinet X-ray / Micro-CT	**Radiation-producing device**	**[kVp/mA settings]**	**[As needed]**	**[Imaging room]**	**External dose (scatter)**	**Operator training; interlocks; shielding verification; stand behind barriers; minimizing time near unit**	**[Low if controls verified]**
[Sealed source]	**Sealed source**	**[instrument-specific]**	**[Varies]**	**[Instrument room]**	**External dose**	**Maintain shielding; keep distance; follow instrument SOP**	**[Low]**

(Add/remove rows based on actual materials/tasks.)

RSO Key Notes / Recommendations (Task-Based)

- **Task-based pathway review:** RSO reviewed the individual's specific tasks (e.g., receiving/handling stock, aliquoting, animal dosing, imaging, surveys, decontamination, waste handling) and identified primary exposure pathways as external dose and/or contamination leading to internal uptake (inhalation/ingestion/skin transfer) depending on the source type.
- **Monitoring requirements:** Confirmed monitoring needs based on tasks and hazard profile:
    - **Dosimetry: ☐ Whole-body ☐ Extremity/ring ☐ Not required (task profile)**
    - **Contamination monitoring: ☐ Surveys ☐ Wipe tests ☐ Bioassay (if applicable)**
- **ALARA controls:** Reinforce ALARA practices for all radiation tasks: minimize time, maximize distance, and use appropriate shielding/containment; maintain designated radiological work areas; prevent hand-to-mouth transfer; and ensure proper decontamination and waste handling.

- **Declared Pregnant Worker Program (if applicable)**

  i. Declared Pregnant Worker Program – If the individual voluntarily declares pregnancy in writing, the RSO will administer the Declared Pregnant Worker process, including counseling, documentation, and issuance/management of fetal dosimetry as required by the program.

ii. Dose Monitoring (Fetal Dose) – When fetal dosimetry applies, the RSO will monitor fetal dose to support compliance with fetal dose limits in accordance with regulatory requirements (e.g., 0.5 mSv per month), review dose trends, and recommend work practice or task modifications as needed to maintain exposures ALARA.

iii. Shielding and Controls – Conduct shielding analyses and evaluate work setups to recommend additional controls (e.g., lead shielding where applicable, plexiglass shielding for beta emitters, increased distance, reduced time, remote handling tools, shielding configuration changes, designated "hot" zones, and contamination controls) based on the specific radiation type and tasks performed.

iv. Regulatory Compliance – Ensure compliance with applicable State of California and NRC requirements (as applicable), including training, postings/labeling, authorization/permit conditions, monitoring records, incident response protocols, and documentation associated with declared pregnancy procedures

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RSO Implementation Notes (what should be forwarded vs kept confidential)

To Occupational Health physician: Source type(s), tasks, monitoring requirements, dose history summary (as appropriate), and recommended controls/task modifications.

To supervisor/PI (minimum necessary): Operational controls needed to implement ALARA (e.g., shielding requirements, workstation setup changes, training/enrollment requirements), without disclosing private medical status unless the individual authorizes it.

RSO Sign-off: _____ Date: _____

Attachments to Include with the Packet (Recommended)

1. SDS list for chemical agents reviewed (attach SDS or provide location/link)
2. BSC certification date(s) / hood inspection date(s) (if relevant)
3. Any applicable SOPs (disinfection, specimen handling, spill response, waste)
4. Any air monitoring data.