OCCUPATIONAL REPRODUCTIVE CONSULTATIONS: INFORMATION FOR EMPLOYEES

The Duke Reproductive Safety Program

- Employee Occupational Health and Wellness (EOHW) works with Occupational and Environmental Safety Office (OESO) to ensure that work duties do not require unsafe occupational exposures to reproductive hazards. Duke safety professionals routinely review work areas to ensure that exposures are within permissible limits.

- Female and male workers who are contemplating having children, or pregnant women who work at Duke may discuss with EOHW occupational reproductive concerns they may have.

Obtaining an Occupational Reproductive Health consultation from EOHW

- EOHW will not seek out employees who are pregnant or considering having children. Employees are responsible for contacting EOHW themselves. Call the Duke South Clinic (919-684-3136, option 2).

- Women who have a major concern should contact us before becoming pregnant or as soon as possible.

When should I contact Employee Occupational Health and Wellness?

Every employee does not need to contact EOHW. See your personal physician for non-occupational reproductive concerns. Contact EOHW if you are concerned about a possible reproductive health risk from something in your work environment. Typically this would include:

- Chemicals such as in a laboratory, pharmacy, operating room or patient care area. Toxic chemicals used in a hood or with other ventilation or protective devices are less of a concern than those used on an open bench.

- Biologic agents, such as in a laboratory or certain patient care areas. If you have received recommended immunizations and are using universal precautions, risk of contracting an occupational infection with reproductive consequences is not increased.

- Radiation: radiological protection surveys and reviews are performed for all radiation producing sources and devices to minimize the dose to employees working in the area. Primary operators are routinely monitored with film badges to document radiation protection effectiveness. Historically, radiation exposure to primary operators has been much less than 10% of regulatory dose limits. The dose to ancillary and casually exposed individuals would be considerably less than for operators.

Preventing Chemical Exposures in the Workplace

Since most employees who contact EOHW have concerns about working with chemicals, here is information on preventing bodily exposure to chemical agents.

- First, chemicals can be inhaled. This is not an issue for agents which are used in the hood, agents which are used with a respirator or agents which are not released into the air readily. The ability to smell a chemical or not smell a chemical is not a good index of whether a significant exposure is occurring. For agents not used in a hood which could be a potential health concern, significant exposure may be occurring. For agents not used in a hood which could be a potential health concern, it may be important to perform environmental monitoring to determine whether only trace amounts are present or whether significant amounts could be inhaled. EOHW will work with Occupational and Environmental Safety to determine if environmental monitoring is needed in your work place. Air currents can cause chemical powders to be released into the air. Therefore we recommend that mixing or weighing potentially toxic powders be performed in a hood or with another form of respiratory protection.

- Second, exposures can occur through the skin. This can be prevented by using the appropriate gloves. Protective clothing such as a lab coat is also recommended.

- Third, exposure can occur through ingestion. This generally occurs when a chemical gets on the hands and people either touch their mouth or eat prior to washing their hands.

To prevent significant exposure to toxic chemicals, you should use appropriate work practices.

- You must wear gloves when handling chemicals.
- You should discontinue the practice of storing or consuming food in areas where potentially toxic agents are stored, if you have not already.
- You should use the proper disposal techniques for solvents or other wastes. You can discuss this further with your Environmental Safety professional.
- You should also remember to reduce potential home exposures such as pesticides, solvents and lead.

Declaration of Pregnancy: A Special Form For Workers concerned About Radiation

All women employees, regardless of whether or not they work directly with ionizing radiation, are eligible to voluntarily declare their pregnancy and then be monitored if indicated during the pregnancy to ensure that the embryo/fetus does not receive in excess of 500 mRem. Contact the EOHW South Clinic to complete the confidential pregnancy declaration form. A preliminary evaluation will be conducted. If it is determined that an employee is likely to receive in excess of 5 mRem in one month while on the job, she will be evaluated by the Radiation Safety Office to determine if monitoring is indicated. Employees who do not work with radiation and are not concerned about radiation do not need to complete this form but may still seek consultation from EOHW about their work with chemicals or biological agents.

Occupational Health Reproductive Consultation

Please complete this information (**circle yes or no answer**) and bring it to your Employee Occupational Health Employee visit. This information is for your EOHW medical record and will simplify the interview with the doctor. ONLY the workplace exposure information on Page 1 may be shared with OESO (Occupational & Environmental Safety Office). Your medical information on pages 2-4 will not be shared with Management or OESO. Thank you.

Name	Job/Dept	Date
Phone No.	Supervisor	Employee No.
Fax No.	Bldg/Rm#	Age

1. Agents Used at Work (Please do ***NOT*** use abbreviations for chemical names)

List agents you are currently using or anticipate that you might use during pre-conception period or pregnancy. Continue on separate page if needed. Include CAS if possible.	Frequency of Use: Daily, Weekly, Monthly, Rarely, etc.	State of the Agent: Solid, powder, liquid, gas, etc.	Quantity used per Unit or time (eg 10 mcg per week)	Protective Equipment: Bench vs Hood, respirator, gloves, glove box, etc.
Chemical Agents				
Radioactive Agents				
Biologic Agents				

2. Medical Information:

Current pregnancy: N/A Weeks of gestation _____ Due Date _____

Information concerning your personal doctor who is helping to manage this pregnancy:

Name: _____ Phone Number: _____
Have you begun your pre-birth visits? No Yes When? _____

Has there been any problem with this pregnancy? No Yes

Has your personal doctor/obstetrician recommended any work or activity restrictions? No Yes

Prior pregnancy history:

Number of prior pregnancies: _____ Number of live births _____

Any miscarriages? _____ Any stillbirths? _____ Therapeutic abortions? _____

If you had a miscarriage, what trimester? _____

Pre-ecclampsia, ecclampsia or toxemia in past? No Yes

Prematurity or birth weight less than 4 lbs? No Yes

Do you have any personal medical history of:

High Blood Pressure	No Yes	Heart Disease	No Yes
Lung Problems	No Yes	Seizures or epilepsy	No Yes
Sexually transmitted disease	No Yes	Other recent infections	No Yes
Diabetes	No Yes	Kidney Disease	No Yes
Significant back pain	No Yes	Wrist problems	No Yes

Other significant medical history: _____

Do any members of your immediate family have a history of: _____

Pre-ecclampsia/toxemia No Yes
Other inherited medical problem No Yes
Child with birth defect No Yes

How was your diet before pregnancy: Good Fair Poor

How did you and your partner previously prevent pregnancy? _____

How long ago did you stop this method? _____ months

How much do you exercise now? _____ Intensively _____Regularly _____ Some _____ Not Very Much

Did you smoke immediately before becoming pregnant? No Yes

Do you smoke now? No Yes

Do you drink alcoholic beverages? No Yes (If yes list the amount per average week) _____

Have you used other drugs (marijuana, cocaine, crack, speed, injectibles…)? No Yes

Did you take vitamins immediately before becoming pregnant? No Yes

Do you often use a hot tub or sauna? No Yes

How much coffee or other drinks with caffeine do you drink per day? _____ drink(s) per day.

Do you take prescription medications? No Yes

Medicine	Dose	How Often	What For	Medicine	Dose	How Often	What For

Do you take over-the-counter medications?

Medicine	Dose	How Often	What For	Medicine	Dose	How Often	What For

Any other important health issues: _____

3. Husband/Partner's Exposures and Risks

Occupation: _____

Does he smoke? No Yes

Does he drink alcohol? No Yes

Has he fathered previous pregnancies (other than yours, which are listed earlier)? No Yes

Number of prior pregnancies _____ Number of live births _____

Any miscarriages? _____ Any stillbirths? _____ Therapeutic abortions? _____

If there was a miscarriage, what trimester? _____

4. Potential Home Exposures:

How old is your home? _____ Year built _____ _____ before 1960 _____ before 1978

Do you plan any remodeling or painting projects? No Yes

Does your house store any of these?

Lead-based paints – No Yes
Solvents – No Yes
Pesticides – No Yes
Furniture finishing agents – No Yes

Your and partner's hobbies (eg. craft, activities, gardening) _____

Lifting in your home (including chores, children): How many pounds? _____ How often? _____

5. Work Exposures:

Do you have health or safety concerns about a specific aspect of your work? If so, please list:
_____
_____
_____
_____

6. Laboratory Environment (if applicable)

Have you had any spills or laboratory accidents? If so, describe: _____
_____

Has Industrial Hygiene/Safety inspected your worksite? No Yes – If so, when: _____

Has Radiation Safety inspected your worksite? No Yes – If so, when: _____

How much of your time do you spend doing: "Bench" work _____% Office work _____%

Where is your office located? _____ _____ in the lab _____ separate from it

Do you do high pressure liquid chromatography? No Yes _____ on the bench _____ in a hood
What solvent(s) does it use? _____

Do you wear protective clothing?
Gloves No Yes
Protective Clothes No Yes
What kind of protective clothing? _____
Hearing Protection No Yes
Respirator or Mask No Yes what kind of mask? _____

Does your hood have enough room in it? No Yes

Are other people working in the same laboratory room as you are? No Yes

Do you prepare stock or primary solutions of the materials used in your laboratory? No Yes
Which ones? _____

Where is your balance located? _____ Hood _____ Bench top

Describe your waste disposal set-up (hood vs non-hood, covered vs open, sink, etc.): _____
_____

Describe your lab's non-waste materials storage: _____

Other issues You are Concerned About: _____
_____