DISTRICT OF COLUMBIA
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

BULLETIN NO. 29 **PREGNANCY POLICY** **September 2010 (Revised)**

Section 1. Policy

It is the policy of the Fire and Emergency Medical Services Department (Fire and EMS) to eliminate every form of prejudice or discrimination based on race, color, religion, national origin, gender, age, marital status, personal appearance, sexual orientation, family responsibility, disability, matriculation, or political affiliation in connection with any aspect of Fire and EMS employment, as provided for in the D.C. Human Rights Act of 1977 (D.C. Code § 1-2501 et. seq.). To this end, Fire and EMS must ensure that pregnant applicants and employees are afforded the full protection of the law, policies, and practices with respect to evaluating applicants for positions within the department and assigning duty status to employees that do not have a negative impact on the terms and conditions of employment of pregnant applicants and employees.

Those who choose a career in fire and rescue knowingly enter into a career that is among the most dangerous of industrial professions. Workplace hazards may present thermal, mechanical, chemical, or infectious disease with threats to limb and life. While a large number of these risks are obvious threats and are minimized by protective equipment and safe operational policies, other health affects relating to exposures to chemicals and products of combustion are not well understood. One such concern is that of reproductive health hazards resulting from work as a firefighter, emergency medical technician (EMT), or paramedic.
Past employment practices limited women's employment opportunities. Such practices were based on potential hazards to the fetus. The Pregnancy Discrimination Act was enacted as an amendment to the Civil Rights Act of 1964 to prohibit workplace discrimination on the basis of pregnancy, childbirth, potential childbirth, or related medical conditions. The provisions of Title VII make it illegal to exclude women from work activities they are capable of performing. From a legal perspective, the rights of the fetus are considered subordinate to the rights of the mother. Therefore, a pregnant employee has a legal right to continue working as a firefighter, EMT, or paramedic as long as she is fit for full-duty and capable of performing her job as a firefighter, EMT or paramedic. This puts responsibility for determining when to leave the field and request a change in duty assignment almost entirely on the pregnant employee.[1]

1 If the female firefighter, EMT or paramedic fails to request a change in duty status and it is apparent that she can no longer do the full-duty functions of a firefighter, EMT or paramedic, a request for physical fitness may be determined by the Police Fire Clinic (PFC).

The Police and Fire Clinic (PFC) and the pregnant workers primary care physician are all valuable sources for counsel regarding this decision. Title VII's pregnancy related protections include hiring, pregnancy and maternity leave, health insurance, and fringe benefits. An excellent summary of the Act can be found at: http://www.EEOC.gov/types/pregnancy.html

It is obvious that continued work in the field may expose both the employee and developing fetus to certain hazardous conditions. Continued work in the field exposes its members to a variety of risks (chemical, infectious, thermal, and traumatic) with consequences ranging from insignificant to potential loss of life. The Department cannot provide the employee with an accurate risk assessment of the potential for and adverse outcome due to certain environments and exposures. The Department supports the position of the International Association of Fire Fighters (IAFF), which has opinioned that it is more appropriate that pregnant firefighters and or paramedics discontinue working in the field when they determine that they are pregnant. However, the Department supports the employee's right to continue working in the field for as long as she is fit for duty.

Section 2. Risk Assessment

The purpose of this section is to summarize relevant issues regarding reproductive health that would be associated with continued work in the field as a firefighter, EMT, or paramedic. Every woman should consider the following points which will help assist her in her personal assessment of the risks involved.

A. There appear to be potentially significant risks involved with continued work as a firefighter or medic during pregnancy—these should be weighed against the potential benefits (primarily to be in a familiar work environment)
B. A review of the very limited medical literature relevant to this topic does not provide definitive answers regarding this issue. However, studies performed to date suggest there is significant reason for caution.
C. The normal demographics of reproduction reveal that there is a significant risk of an adverse outcome during pregnancy. Out of 10,000 pregnancies, twenty-percent will end in spontaneous abortion (natural fetal death), and three-percent (150) will result in serious birth defects. Therefore, natural fetal death and birth defects are relatively common occurrences. This would make it difficult to establish causation if a firefighter so chooses to continue work in the field should have an adverse outcome. Prior to age 35, the medical community considers the risk of adverse outcome in a healthy female as low.
D. You should consider that the International Association Of Firefighters (IAFF), an organization representing the interest of firefighters, advises pregnant firefighters to come out of the field when they determine that they are pregnant.

The above points are intended to encourage the employees of the Department to consider a number of issues that may or may not be readily apparent to the employee who is not normally required to deliberate on an issue such as reproductive hazards. While the points may seem uniformly negative, it is assumed that the employee is well versed on the opposite side of this deliberation.

4. Specific Risks

Primary exposure to chemical substances in the career of firefighters comes about as a result of exposure to products of combustion. The primary exception to this would be chemical vapors or liquids encountered in the management of hazardous materials mishaps. The medical literature contains a number of papers identifying health concerns associated with firefighting, primarily lung and heart disease, and certain types of cancer. However, there is very little research which addresses firefighter workplace reproductive hazards. Lack of definitive research addressing this workplace concern is a function of the very large number of potential chemical hazards (tens of thousands of different chemicals are formed during fires), the cost of toxicology studies, and the tendency of toxicology studies to focus on acute rather than chronic effects (such as reproductive disorders).

All firefighters, emergency medical technicians and/or paramedics responding to medical emergency calls risk exposure to other potentially hazardous materials such as body fluids, contaminated blood, infectious diseases, etc.

Studies have shown that stress during pregnancy can increase the risk of low-birth weight and premature births. A new study concludes that stress-related changes in a pregnant woman's heart rate and blood pressure, along with chronic anxiety, can affect the heart rate of her developing fetus negatively.
The American Medical Association (AMA) recommends that expectant women who spend more than four hours a day on their feet should switch to a desk job by week 24. Some experts recommend that a woman stop working or switch to a desk job at week 20 if the job requires heavy lifting, climbing stairs (or ladders), pulling or pushing, or bending below the waist. The caveat to the information above is that these recommendations were made for women whose professions, while certainly demanding, are not comparable to firefighter/EMT/paramedic duties. For further information regarding known reproductive risks, the employee should access the following websites: www.osha.gov and or http://cerhr.niehs.nih.gov.

Research results on the effect of shift work or night shifts on pregnancy have been mixed. Some associated shift work with premature births, low birth weight and impaired fetal growth, but other studies have found no such link. A recent study (Reuters Health, 2004) from Denmark showed that women in the population who regularly worked in the night shift had a higher risk of low birth weight delivery. There are no research results on the effects of shift work on pregnancy specific to the firefighting/EMS profession.

Section 5. Full Duty Assignment

Pregnant, non Recruit, employees may continue in a full duty assignment during the pregnancy until such time as:

A. The employee requests a change of duty assignment;

B. The pregnancy is found to interfere with the employee's ability to fully perform her essential duties as outlined in their personnel description; or

C. The pregnancy is found to present a risk to the safety of co-workers or members of the public.

Section 6. Limited/Light Duty Assignment

A. The limited/light duty policy governs requests involving pregnancy requests. See, limited/light duty policy for procedures and applications

[Section 7. Medical Clearances]

When an employee (Firefighters and Single Role Providers) advises her supervisor or a Police and Fire (PFC) provider that she is pregnant [and thus seeks a limited / light duty assignment,] the employee shall be given a Physician's Information and Work Status Release Form (Physician's Release Form) to take her private physician.

[A. **Procedures for Firefighters and Single Role Providers]**

(1) Firefighters [and single role providers seeking a change in duty status due to pregnancy] shall be directed to schedule a visit to the PFC within five business days of the date that they advise the PFC, the company officer, or their supervisor of their pregnancy so that the PFC provider can review the completed form.

During the initial visit to the PFC, the duty status of the employee shall not be changed unless the employee's medical condition prevents the performance of full duty. The attending PFC provider may consult with an OB-GYN prior to making a determination as to the duty status, as deemed appropriate. At any time, the member may voluntarily request and shall be granted a change in duty status.

(2) When the employee returns to the PFC with the completed Physician's Release Form, she and the PFC provider will review the form. Additionally, the PFC provider shall review all available medical information, and if necessary, consult with the employee's private physician to determine the appropriate duty status for the employee. Any additional physical examination will be at the discretion of the attending PFC provider.

(3) When an employee's medical condition requires a change in duty status, subsequent visits to the PFC during the prenatal period will be at the discretion of the attending PFC provider, not to exceed 6 weeks.

(4) A medical evaluation for duty status determination may be requested at any time by a company officer or supervisor in the event there is objective evidence that the employee is unable to perform the essential elements of her position description and/or full-time duties. Objective evidence includes, but is not limited to, inability or refusal to lift patients or equipment, inability to properly wear protective equipment, and inability or refusal to climb stairs or ladders.

(5) A PFC provider will conduct the medical evaluation and, if medical evidence indicates that the employee may not be able to perform her full duties, the provider will consult with the employee's private physician.

(6) After consultation with the treating obstetrician, the employee shall remain in a full duty status, or be placed on limited duty.

[(7) After delivery, the employee shall report to the PFC with an updated Physician's Release Form detailing her ability to return to work full duty.]

B. Procedures for All Other Personnel

Civilian personnel shall submit a completed Physician's Release Form to the Office of Compliance. The Office of Compliance shall be responsible for informing the employee's supervisor of any change in duty status.

Depending on the physician's duty status recommendation, the employee will be continued in full duty status, placed on limited duty, or placed on light/limited duty pursuant to the light/limited duty policy. In the event there is objective evidence that the employee is unable to perform her full duties, the supervisor may request that the employee submit an updated Physician's Release Form from her private physician to the Office of Compliance. PFC does not provide this type of evaluation for civilians

Section 8. Maternity Leave

Maternity leave for the period of medical disability shall be available in accordance with Chapter 12 Instruction 12.5 of the District Personnel Manual and the District of Columbia Family and Medical Leave Act [and the Agency's Limited/Light Duty Policy, Order Book, Article 11, Section 13]. A statement from the employee's private physician indicating the period of medical disability must accompany this request.

In addition to the period of medical disability, pregnant employees may request to use their accrued annual leave, compensatory time and leave without pay to extend the maternity leave period, in accordance with the provisions of Chapter 12 of the DPM.

Section 9. Role of the Office of Recruiting and Human Resources

No references with respect to pregnancy shall be made in any literature including: the Conditional Letter of Appointment and the Personal History Statement.

The Recruiting staff and HR shall refrain from asking any questions that pertains to an applicant's pregnancy status or desire to have children.

In cases where an applicant informs staff members that she is pregnant and seeks advice on how to proceed, DCFEMS staff shall refer the applicant to her private physician and shall not in any way encourage the applicant to withdraw from the process.

In cases where the applicant informs staff members that she is withdrawing from the process due to pregnancy, the Office of Recruiting staff shall confirm such withdrawal in writing. The letter shall make clear that the applicant is withdrawing on her own volition and not because of encouragement from Fire and EMS staff.

In cases where the applicant informs the staff members that she is pregnant and wishes to proceed with the application, the Office of Recruiting shall continue to process the applicant.

Section 10. Recruit Training

It is the sole discretion of a Recruit to determine whether she is able to perform the full regimen of activities while enrolled in the Training Academy or participating in other recruit training programs. To this end, staff shall not take any action that discourages the pregnant Recruit from operating in a full duty capacity.

In accordance with the policy statement issued by the Office of the Mayor on September 19, 2001, it is the sole discretion of the applicant or employee to determine whether she is able to complete the applicant medical evaluation process. In those instances when PFC providers determine, in accordance with medical standards of care, that an applicant cannot complete the applicant medical evaluation process while pregnant, the applicant's evaluation is to be postponed until the applicant presents a letter from her private medical physician authorizing her to proceed with the applicant medical evaluation process as designated by PFC physician. All limited duty assignments will comply with Bulletin 81's policies and procedures.

Section 11. Breast Feeding Policy

"The Child's Right to Nurse Human Rights Amendment Act of 2007," will allow women to express their milk in the workplace. This will allow women to return to work while breast feeding, with the permission of their doctor and the PFC, if applicable.

The District of Columbia Fire and EMS Department intends to provide all women of the Department a secure place to express their milk, as well as ensure a safe location to store it in the workplace. Women may use their locker rooms or private office space where available. Women who wish to express their milk while at work shall go through their proper chain of command and request a refrigerator from facility maintenance. Once a refrigerator is ordered, it will be the officer's/supervisor's responsibility to accommodate this request as soon as possible. The refrigerator should come with a lock and key that shall be provided to the nursing mother only. The nursing mother will be responsible for cleaning and securing the refrigerator while the refrigerator is in her possession. The provided refrigerator will be jointly shared among nursing women at any location that has more than one woman breast feeding. Liability will be on the last nursing mother to ensure that it is cleaned before the next mother's use. The refrigerator's only use is for the storage of expressed milk. Once the nursing mother has finished with the refrigerator, facility maintenance shall be notified for pick-up. At no time shall any other member be allowed to have access or use the refrigerator. Members are to report any damage or tampering of the refrigerator to their immediate officer/supervisor.

It is the nursing mother's responsibility to notify their on duty officer/supervisor in advance of their need to express milk. The officer/supervisor will be responsible for making any necessary adjustments (ex. delayed response, temporarily covering her position etc.) to minimize interruptions to the daily activities of the Department. All Members of the Department shall be made aware of this policy and it shall be adhered to at all times.