

Austin Fire Department



Maternity and Reproductive Support Manual

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OFFICE OF THE FIRE CHIEF

Joel G. Baker

Congratulations on your pregnancy! On behalf of the more than 1,200 members of the Austin Fire Department, we wish you a safe and healthy journey to parenthood—whether you’re a first-timer or a repeat customer—during these next months.

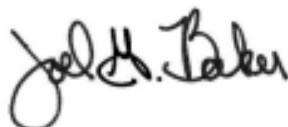
The quality of that journey, for the most part, depends on you. However, there is something I can do to help. I am committed to providing the safest possible working conditions for all of our members, but especially those who are pregnant. Therefore, we want to ensure we are minimizing exposures for you and your baby.

As you know, the fire service is a challenging, but rewarding career; however, it also presents some of the most dangerous (potential and actual) exposures to our employees. One area of particular concern is the reproductive hazards associated with, and potentially resulting from, work as an Operations Firefighter or field Emergency Medical Technician (EMT).

Protecting you and your unborn baby from these hazards are exactly why we created this AFD Reproductive Manual. In this Manual, you’ll find educational material and supportive resources, all gathered in one place, to help you before, during, and after your pregnancy, as well as provide you with an overview of those reproductive hazards I mentioned before that exist in our line of work for both men and women. I hope you’ll read through this Manual in its entirety, and bring any concerns or questions you may have to your treating physician and our Wellness Center staff. They all share the same goal: to ensure our members and their families are healthy despite the reproductive hazards that exist.

In case you weren’t aware, The Pregnancy Discrimination Act and amendment to Title VII of the Civil Rights Act of 1964 prohibit workplace discrimination on the basis of pregnancy, childbirth, or related medical conditions (including lactation). Our Vision calls for, “...honoring tradition and embracing inclusion, equity, and diversity for all.” That includes our members who become pregnant, so I want you to know that I fully embrace, support, and advocate an inclusive workplace for **everyone** in the department. Should you encounter otherwise, either while you are pregnant or at any other time, please report such to your chain of command, our HR personnel or the City’s HR department, the Professional Standards Office (PSO), or to me or a member of my Executive Team. I simply will not tolerate anything less than a supportive, welcoming environment for **all** of our members.

The well-being of you, your baby, and your family are important to me and to this department. I am committed to ensuring all of you are well cared for during this exciting time. Please don’t hesitate to reach out to any of the resources we have included in the manual, or to me personally, if you have any questions; we are here to help. I look forward to meeting the newest member of our “fire family”!



4201 Ed Bluestein Blvd. · Austin, TX · 78721 · (512) 974-0130

Joel.Baker@austintexas.gov

FOREWORD

The Austin Fire Department (AFD) is committed to the health and safety of our members.

Safeguarding the reproductive health of all personnel in AFD is a priority. The most tangible example of this commitment is the Austin Public Safety Wellness Center (APSWC). This on-site clinic provides annual medical physicals, and resources related to behavioral health, fitness, pregnancy, and reproductive health. This facility works closely with AFD personnel to establish guidelines and health programs to improve and enhance the health of our population.

It is important to note that reproductive safety cannot be viewed from the perspective of pregnancy alone. Both male and female firefighters face hazards to their reproductive health as a result of their profession. Reproductive hazards and family needs pose manageable challenges to our organization. The APSWC is a resource for all firefighters regarding the reproductive hazards associated with being a firefighter.

It is also important to recognize that some pregnancies terminate prematurely, and that this can have negative physical and emotional effects on AFD members. This manual is designed to be inclusive of these cases as well, with full medical and behavioral resources available to those who have experienced a miscarriage.

This manual serves as a reference in particular for pregnant firefighters to address questions that frequently arise when AFD firefighters become pregnant. It can also serve as a reference for officers to support their firefighters throughout their pregnancy – from notification at work, through alternate assignments, childbirth, and return to work. Questions outside the scope of this document can be directed to the Austin Public Safety Wellness Center at pswc@austintexas.gov.

Chapter 1: Notification and Preparation for Pregnancy at Work

Introduction

The makeup of the department is changing as a reflection of the country. Our ranks are more diversified now than in the past, a trend we strongly encourage and support. A notable part of this diversification is the increased number of women becoming professional firefighters.

This document is intended to be a valuable tool for all firefighters who are considering starting or expanding their families and for female firefighters who may become pregnant. Our profession is a rewarding one, but it is also both physically and mentally demanding. AFD and the APSWC endeavor to work together with the member to establish a Triangle of Care that will provide support and assistance for the pregnant firefighter during and immediately following pregnancy.

Triangle of Care

As depicted in Figure 1, the Triangle of Care has three key components:

1. The pregnant employee.
2. The employee's personal healthcare provider.
3. The APSWC.

Obviously, the firefighter and her unborn child are the central part of this triangle. All efforts are geared toward the health and safety of the pregnant firefighter. Toward this end, the APSWC is a resource to be consulted as needed as soon as pregnancy is confirmed. While not mandatory, consulting with the APSWC is an option to receive information about pregnancy and firefighting. Upon receipt of this notification from the pregnant firefighter, the APSWC will schedule an appointment for them to be seen as soon as possible.

During this visit, information will be provided regarding a number of concerns, including the importance of staying fit during pregnancy and the known and potential risks or hazards to which the unborn child may be exposed should the pregnant firefighter decide to remain in Operations (rather than requesting Modified Duty after pregnancy has been confirmed).

Written information will also be provided to share with personal provider(s). This information will include a letter from the APSWC Medical Director which provides a full description of the essential duties involved in firefighting. (Appendices A-B).

This document is informational for healthcare provider(s) to understand the occupational demands and potentially harmful occupational exposures encountered by professional firefighters. It is the hope of AFD and the APSWC that this information can be used to make informed decisions regarding how long to remain on active duty.

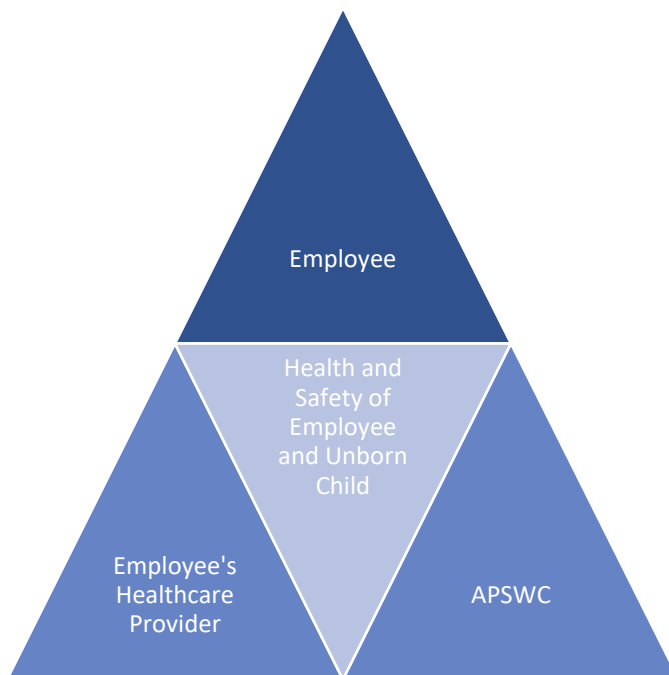


Figure 1

Healthcare providers and other health care workers not involved in occupational and/or preventive medicine, and more specifically public safety medicine, are generally unaware of the true nature of the firefighting profession. Personal healthcare provider(s) are, in all likelihood, unaware of the various environmental conditions (toxins, temperature extremes, etc.), physiological stressors, and mental demands encountered by firefighters on a daily basis. The APSWC staff has a high level of expertise in this very specialized area of medicine. They represent the best source of information for personal healthcare providers and are available for consultation with doctors if requested.

Personal healthcare providers have a high level of expertise in the field of obstetrics. They will oversee most pregnancy care including regularly scheduled examinations, any needed medications, and ultimately, delivery.

Department Support Available to the Pregnant Firefighter

Firefighters in AFD who become pregnant are protected by departmental, state, and federal policy laws with respect to their work status options during pregnancy. The topic of reproductive risks is addressed in chapter 3 of this manual.

The Risk Management Division Chief is the main point of contact within the department for pregnant firefighters who wish to request a Modified Duty assignment after confirmation of their pregnancy. Firefighters may also be referred to the APSWC for fitness resources during their pregnancy. The APSWC Fitness Team is comprised of highly skilled personnel within the Wellness Center and AFD Operations and welcomes the opportunity to work with firefighters during their pregnancy.

Upon notification from a pregnant member to their chain of command, the Battalion Chief (or other members of the chain of command) may request resources from the Wellness Center for guiding and supporting their member through maternity processes, including the transition to Modified Duty, returning to work, supporting lactation, etc. These resources will include a Pregnancy Advocate to support the member throughout pregnancy and return to work, as well as to document any agreed-upon accommodation. Advocates will be assigned by Wellness Center personnel.

Pregnancy Notification Process

Employee has confirmed pregnancy.



Employee may notify APSWC and schedule an appointment, if desired.

Employee meets with APSWC, discusses risks of remaining in the field. Employee is provided informational documents for personal healthcare provider.



Employee opts to leave Operations or becomes unable to perform the essential job tasks for their position.
Employee notifies supervisor.

Employee requests Modified Duty per General Order E104.2.

Employee completes Family Medical Leave (FMLA) paperwork.



Employee reports to Modified Duty assignment.

Uniforms

Pregnant members will be allowed to order additional uniforms outside their annual allotment due to pregnancy.

Ordering additional uniforms due to pregnancy will not affect their ability to order their scheduled annual allotment.

- Pregnant members may contact the AFD Purchasing Gall's liaison for assistance in ordering uniforms as part of a maternity allotment.
- The following uniforms may be ordered as needed during pregnancy:
 - 4 t-shirts
 - 1 dress shirt
 - 1 pair athletic shorts

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- 2 pairs of 5.11 pants from Gall's, or;
- The member may be reimbursed up to \$150 for navy maternity pants purchased by the member.
 - The member must provide a receipt to AFD Purchasing. Tax will not be reimbursed. Tax-exempt forms may be obtained from Purchasing prior to buying.
- Uniforms issued from Gall's may be modified for maternity use. Members should make an appointment with a Gall's representative to have these modifications made.
 - Pants may be modified with a maternity panel
 - Dress shirts may be modified with side ties
- Ordering new uniforms after childbirth should coincide with your annual allotment approved by the department.
- All uniforms must coincide with current policy C104 – Uniforms and Apparel
- If a member chooses to stay in Operations while pregnant, Safety Support can be contacted if PPE changes are necessary.
 - PPE wear should follow current policy B104 – Use of Protective Clothing

Summary

AFD in conjunction with the APSWC believes that the Triangle of Care concept is a logical and supportive program intended to provide important guidance and medical care for pregnant firefighters. You are the key element in this collaborative effort. It is up to you to facilitate communication between the three “sides” of the Triangle of Care and to take full advantage of the services offered.

CHAPTER 2: Legal Rights and Responsibilities for Pregnant and Nursing Firefighters

Introduction

The AFD supports and upholds federal, state, and local laws and standards designed to protect the legal rights of all firefighters.

AFD recognizes that pregnancy can be a normal occurrence in a woman's life (and career) and wishes to provide useful information regarding the firefighter's legal rights and responsibilities, while at the same time stressing our recommendation of "safety first" for the pregnant firefighter and her unborn child.

Laws and Procedures

The following paragraphs provide a brief overview of the relevant laws and standards designed to protect the rights of pregnant women.

Pregnancy Discrimination Act:

The Pregnancy Discrimination Act is an amendment to Title VII of the Civil Rights Act of 1964. The Act states that discrimination on the basis of pregnancy, childbirth, or related medical conditions constitutes unlawful sex discrimination under Title VII. Women who are pregnant or affected by related conditions must be treated in the same manner as other applicants or employees with similar abilities or limitations.

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 by clicking on the following link:
<http://www.EEOC.gov/laws/types/pregnancy.cfm>.

Pregnant Worker's Fairness Act:

The [Pregnant Workers Fairness Act \(PWFA\)](#) of 2023 is a new law that requires covered employers, including the City of Austin, to provide "reasonable accommodations" to a worker's known limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an "undue hardship."

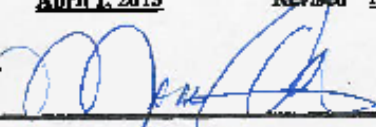
For the purposes of this manual, it is important to note that pregnant firefighters have a right to work as long as they are capable of performing the essential job tasks required of their position. Therefore, the responsibility for determining when to leave the field (and request a modified duty assignment) is almost entirely on the pregnant firefighter. The AFD, APSWC, and your provider are all valuable sources of counsel regarding this decision.


Texas Government Code 619:

Texas Government Code 619 mirrors The Pregnancy Discrimination Act to protect the employees' right to express breastmilk in the workplace.

Administrative Bulletin 13-01:

The City of Austin supports State and Federal Law by providing a “Mother Friendly Workplace” policy.

CITY of AUSTIN Administrative Bulletin	
Title	Mother-Friendly Workplace Policy
Administrative Bulletin Number	13-01
Effective Date	April 1, 2013
Revised	<input type="checkbox"/> Annually <input checked="" type="checkbox"/> As Needed
Prepared by	
Original Date	<u>April 1, 2013</u> Revised <u>N/A</u>
Manager's Approval	



PURPOSE

This Bulletin is (1) to establish the administrative policy of the City of Austin to be a “Mother-Friendly” workplace within the meaning of the Texas Health and Safety Code, (2) to describe the actions the City will take to carry out this policy, and (3) to define the roles and responsibilities of City personnel in order to achieve this policy goal.

The City of Austin supports and encourages measures intended to promote the health, safety, and development of newborn babies. The overwhelming weight of academic and clinical research recognizes the benefits of breast-feeding on the healthy well-being and development of babies. In addition, both federal and state law now recognize the importance of providing support in the workplace for mothers who choose to breast-feed their babies. The City will actively promote this desirable goal by establishing a workplace lactation support program for employees who choose to continue breast-feeding after returning to work.

AUTHORITY

1. The federal Patient Protection and Affordable Care Act, Section 4207 (*Reasonable Break Time for Nursing Mothers*), amends the Fair Labor Standards Act to provide a reasonable break time and place for nursing mothers. Specifically, this law states:

(1) An employer will provide—

- (A) a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk; and
- (B) a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public.

(2) An employer will not be required to compensate an employee receiving reasonable break time under paragraph (1) for any work time spent for such purpose.

2. In Chapter 165 of the Texas Health and Safety Code, the Texas Legislature recognizes that breast-feeding a baby is an important and basic act of nurture that must be encouraged in the interests of maternal and child

Family and Medical Leave Act of 1993:

Under the FMLA, an eligible employee may take up to 12 work weeks of leave during any 12-month period for one or more of the following reasons:

- The birth of a child or placement of a child with the employee for adoption or foster care,
- The care for a child, spouse, or parent who has a serious health condition,
- A serious health condition that makes the employee unable to work, and
- Reasons related to a family member’s service in the military, including
 - Qualifying exigency leave - Leave for certain reasons related to a family member’s foreign deployment, and
 - Military caregiver leave – leave when a family member is a current service member or recent veteran with a serious injury or illness.

During Family Medical Leave (FMLA), an employer must maintain the employee’s existing level of coverage under a group health plan. At the end of FMLA an employer must take an employee back into the same or an equivalent job.

Austin Fire Department Standard Operating Procedures:

- **E103 – Leave** – Established procedures for administering the City of Austin’s FMLA policies are outlined in this S.O.P.
- **E202 – Discrimination, Harassment, and Retaliation** – The harassment SOP ensures all department firefighters have a work environment that is free from any form of discrimination, harassment, and intimidation.
- **E104 – Transferability, Modified Duty** - The modified duty program is designed to provide temporary work assignments for members expecting a return to full duty status after a temporary illness, condition, or injury.
- **H304 - Maternity and Reproductive Support** – Provides guidance and support for pregnant members or those trying to conceive.

Pregnant firefighters may, if they wish, request a modified duty assignment as soon as their pregnancy has been confirmed. Procedures for modified duty assignments specific to pregnancy are:

1. Once a decision has been made to abstain from Operations duties, pregnant firefighters shall request a modified duty assignment by emailing the Risk Management Division Chief.
2. Pregnant personnel may contact the APSWC for consultation and be assigned a Pregnancy Advocate if requested. This consultation is confidential and is designed to provide the pregnant firefighter with additional resources to assist them throughout and following their pregnancy.
3. Contact AFD Human Resources for assistance submitting a request for FMLA.

4. Firefighters shall return to full and unrestricted duty when the firefighter has been given written permission from their healthcare provider and must complete a MODS – Medical Order/Duty Status Form.

Austin Public Safety Wellness Center Statement

The APSWC is tasked with providing occupational health and preventive health services to firefighters working in public safety for AFD.

AFD has reviewed the available medical literature relevant to possible work-related exposures during pregnancy and breastfeeding. What follows are the recommendations of AFD for pregnant firefighters, based on our medical expertise and our interpretation of existing medical literature as it relates to the reproductive health of female firefighters.

AFD respects the rights of individual firefighters to evaluate the relative risks and benefits of continued work when pregnant. To help you make an informed decision, you will be provided with a current compilation of medical articles relevant to this topic. Additionally, the APSWC will be pleased to meet with you at any time to discuss these issues on a face-to-face basis.

If you should elect to continue working while pregnant, we encourage you to take all practical steps to limit your exposure to toxic gases or chemicals, including proper use of your Self-Contained Breathing Apparatus (SCBA) during fire suppression and continuous use of SCBA during overhaul activities.

The issue of medical risk to the infants of breastfeeding firefighters is as complex as the issue of pregnancy discussed above. Decisions regarding appropriate precautions and/or countermeasures to be taken by breastfeeding firefighters are solely the responsibility of the individual. Breastfeeding firefighters may wish to seek advice from their personal provider and/or health care personnel within the APSWC.

Additionally, APSWC physicians will be available for consultation at any time following a potential exposure to assist you in evaluating the risk of any situation. Please contact the APSWC with any concerns you have in this regard.

CHAPTER 3: Reproductive Health Hazards

Introduction

The term “reproductive hazards” refers to substances or agents that affect the reproductive health of women or men or the ability of couples¹ to have healthy children. Radiation, some chemicals, certain drugs (legal and illegal), tobacco products, certain bacteria or viruses, and alcohol are examples of reproductive hazards.

The harmful effects of certain workplace agents have been known for many years. For example, more than 100 years ago lead was discovered to cause miscarriages, stillbirths, and infertility in female pottery workers. Rubella (German measles) was recognized as a major cause of birth defects in the 1940s. However, the causes of most reproductive health problems are still not known.

Reproductive hazards may cause problems such as infertility, miscarriage, and birth defects. A reproductive hazard could cause one or more health effects depending on when one is exposed. For example, exposure to harmful substances during the first trimester of pregnancy might cause a birth defect or a miscarriage. During the second and third trimester of pregnancy, exposure to reproductive hazards could slow the growth of the fetus, affect brain development, or cause premature labor. Reproductive hazards may not affect every member or every pregnancy.² However, it is important to remember that a potential health hazard to the firefighter is a potential health hazard to the fetus.

As noted earlier in this document, AFD, in compliance with federal, state, and local laws, supports the right of a pregnant firefighter to make her own decision regarding work status during pregnancy. It is, for the most part, up to the firefighter to determine when she elects to leave the field to assume a modified duty position.

Pregnant firefighters who go on modified duty for the duration of their pregnancy retain all employment rights (rank, wages, etc.) in accordance with City of Austin and AFD policies and procedures.

Risk Assessment Overview

The purpose of this section is to summarize relevant issues regarding the firefighter’s reproductive health that would be associated with continued work in the field. The firefighter must perform a “risk versus benefit” analysis in order to make a decision about their work status.

Hopefully, they will be able to make a more informed decision after reviewing this section and the following section which discusses specific types of risks. Finally, they are encouraged to gather as much information (from a variety of sources) as needed to help make an informed decision.

Keep in mind that per the Nation Fire Protection Association (NFPA) in 2018, only 8 percent (93,700) of the fire service were women (NFPA.org). A much smaller number of women than this have been pregnant while working in an

¹ Men are also susceptible to reproductive hazards. The primary audience for this document, however, are female firefighters.

² NIOSH 1999

operational position. There are few current studies of the effects of firefighting on pregnancy and the unborn child. This section is not meant to scare firefighters, but to inform them of the potential risks they may face if they choose to work in an operational position while pregnant.

Please consider the following points which will assist you in your personal assessment of the risks involved:

- There appear to be (potentially) significant risks involved with continued work as a firefighter during pregnancy, including toxic byproducts of burning, heat, shift work, and physical demands (CDC.gov). These should be weighed against the potential benefits (primarily to be in a familiar work environment).
- A review of the very limited medical literature relevant to this topic does not provide definitive answers regarding this issue. (No one can quantify your risk for an adverse outcome.) However, studies performed to date suggest there is significant reason for caution.
- The normal demographics of reproduction reveal that there is a significant risk of an adverse outcome during pregnancy. According to the March of Dimes, for women who know they're pregnant, about 10-15% of pregnancies end in miscarriage, and about 3 percent of babies are born with a serious birth defect. Therefore, natural fetal death and birth defects are relatively common occurrences. This would make it difficult to establish causation if a firefighter choosing to continue work in the field should have an adverse outcome.
- Continued work in the field potentially exposes a firefighter to a variety of risks (chemical, infectious, thermal, and traumatic) with consequences ranging from insignificant to potential loss of life.
- 30% of women firefighters reported previously experiencing infertility vs 12.5% of US women.³
- Miscarriage rates are 2.3 times higher among female firefighters than the national average.⁴
- Preterm birth rates are 1.57 times higher among female firefighters compared to non-firefighters.
 - Firefighters who started work restrictions during the 2nd trimester had a lower risk of pre-term birth than those who started work restrictions in the 3rd trimester or didn't restrict.⁵

The above points are intended to encourage the firefighter to consider several issues that may or may not be readily apparent to the firefighter who is not normally required to deliberate on an issue such as reproductive hazards. While

³ Kelley, 2019

⁴ Jahnke, 2018; Jung, 2021

⁵ Jung, in press

the above points may seem uniformly negative, it is assumed that the firefighter is well versed on the opposite side of this deliberation (i.e., the various reasons for continuing to work in the field).

This is an emotional and complicated issue that cuts across many issues: women's rights, fetal rights, occupational health, and finally as a concern to employers (legally and medically). AFD recognizes a firefighter's right to continue working in the field as long as they are fit for duty. All these factors must be considered by the person with the greatest vested interest, the firefighter, and an informed decision made that is right for that individual.

A. Specific Exposure Risks - Chemical Exposure

Primary exposure to chemical substances during a firefighter's career comes 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 incidents. Firefighters are generally well protected from hazardous materials by the protective ensemble worn for this purpose.

In a similar fashion, most structural firefighting is now undertaken with the protective benefit of supplied air SCBA. Properly worn SCBA results in a dramatic decrease in exposure to environmental substances. However, there is still a very low-level exposure during working fires. During a response to a working fire, there are often times when crews are exposed to more dilute concentrations of combustion products, i.e., prior to donning SCBA. This may represent a potential exposure to harmful substances. Cutaneous (skin) exposures to soiled gear and/or unprotected eye exposures also constitute a potential source of exposure to a number of harmful chemicals.

Although the type of chemical(s) present at an incident scene is dependent upon the types of fuels that have burned, some toxic gases are common to most fires. These include carbon monoxide (CO), hydrogen cyanide, acrolein, formaldehyde, benzene, acetaldehyde and formic acid. These gases are suspended in smoke which is primarily made up of oxygen, nitrogen, carbon dioxide, CO, and carbon particles. The most prevalent of these gases is CO. Also present in smoke from early fires (low energy fires) are "free radical" particles. These molecules are highly reactive in biological systems and may do harm even at low levels of exposure. (In high exposure levels, they are responsible for incapacitation or possibly death).

While the medical literature contains a number of papers identifying health concerns associated with firefighting (primarily heart and lung disease, as well as certain types of cancers), there is very little research which addresses 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).

One chemical component that is always present in the structural firefighting environment is CO. CO is thought to be the cause of “most fire related deaths,” and is “underrated by the fire services.” CO is also characterized as the most common and significant (acute) hazard to the unprotected firefighter.⁶

The CO molecule is highly toxic to the respiratory system because it binds with blood (hemoglobin) 200 times more strongly than oxygen. Therefore, CO kills by binding to hemoglobin and not allowing adequate transport of oxygen across the pulmonary surface. Of particular concern is the fact that the human fetus is unusually susceptible to the physiological effects of CO. Therefore, if a pregnant woman is exposed to CO, the baby absorbs more carbon monoxide from the mother’s blood than the mother herself. The mother may not have many symptoms, but the baby may be seriously affected. Some data suggest that exposure in the latter part of the pregnancy presents the greatest risk; but the level of exposure(s) tested is not representative of the levels firefighters may encounter in the field and at the station.

The information presented below provides useful reference sites regarding known reproductive risks:

- Occupational Safety and Health Administration (OSHA) Standards. OSHA has standards specific to chemicals that are known to cause hazards to reproductive systems such as lead, dibromochloropropane, ethylene oxide, and glycol ethers. These standards may be accessed in their entirety on OSHA’s website (www.osha.gov). Most OSHA standards include sections that provide information on recommended personal protective equipment and/or minimizing one’s risk of exposure.
- Center for the Evaluation of Risks to Human Reproduction (CERHP). The CERHP, established by the National Institutes of Health Institute of Environmental Health Sciences in 1998, provides scientifically based, uniform assessments of the potential for adverse effects on reproduction and development caused by agents to which humans may be exposed. This information may be accessed via their website (<http://cerhr.niehs.nih.gov>). The CERHP has endeavored to provide summary information on reproductive risks in language easily understood by those who are not scientifically trained.

B. Infectious Disease Exposure

All firefighters responding to medical emergency calls risk exposure to other potentially hazardous materials such as body fluids, contaminated blood, infectious disease(s), etc. Data regarding the “true” risk of such exposure(s) is limited. It is, however, prudent to observe mandated AFD policies regarding the use of Personal Protective Equipment (PPE) and personal hygiene (frequent and thorough hand washing, etc.) at all times. Following the principle of the “Triangle of Care,” members should strongly consider any advice and clinical recommendations provided by Wellness Center staff and their personal healthcare provider when it comes to the risks of infectious disease and the potential benefits of vaccination against these diseases. Firefighters can contact APSWC to check their vaccine status. APSWC provides mumps, measles, rubella, and influenza vaccines.

Some infections can increase the risk of birth defects and other problems during pregnancy:

- Cytomegalovirus (CMV) is a common viral infection transmitted from person to person, especially in households and among young children in day care centers. Most CMV infections cause no significant problems. If you are

⁶ McDiarmid, et al., 1991

infected for the first time when you are pregnant, CMV can infect the fetus. In a small number of cases, the infection can cause intellectual disability, hearing loss, and vision problems, and fetal death. CMV can be spread by contact with an infected child's urine or other body fluids. Pregnant women who work with young children such as day care or health care workers, should take steps to prevent infection such as wearing gloves when changing diapers. Frequent hand washing also is recommended.⁷

- Enteroviruses (Non-polio) are groups of small viruses that are very common. Most people who are infected with an enterovirus have no disease at all, while others can develop mild upper respiratory symptoms (a "summer cold"), fever, muscle aches, or an illness with rash. Less commonly more severe complications can occur. There is no treatment or vaccine available for non-polio enteroviruses. General cleanliness and frequent hand washing are probably effective in reducing the spread of these viruses. Because enteroviruses are so common pregnant women are frequently exposed to them. Most enterovirus infections during pregnancy cause mild or no illness in the mother. Although the available information is limited, currently there is no clear evidence that maternal enteroviral infection causes adverse pregnancy outcomes. However, mothers infected shortly before delivery can pass the virus on to the newborn child. Newborns infected with an enterovirus usually have mild illness. However, in rare cases they can develop an overwhelming infection of many organs, including the liver, heart, and die from the infection. The risk of this severe illness is higher for the newborns infected during the first two weeks of life.
- Influenza (or the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness and at times can lead to death. Pregnant women are considered at high risk for complications from influenza, including pneumonia and possibly preterm delivery. Historically, there have been increased deaths among pregnant women during influenza epidemics. Several new antiviral drugs are now available for treatment or prophylaxis of influenza infection, but they have rarely been used in pregnancy. The best way to prevent influenza is by getting a flu vaccination. Pregnant women should receive inactivated flu vaccine. Vaccination can occur at any time during pregnancy.
- Noroviruses cause gastroenteritis or stomach flu. Aside from feeling very sick, infected individuals can also become dehydrated by either not consuming enough fluids (due to nausea or vomiting) or losing a lot of fluids (due to diarrhea). Vomiting and diarrhea related to norovirus are particular concerns for pregnant women who can become dehydrated easily.
- Rubella is a disease caused by a virus that is spread by coughing and sneezing. The disease causes rash and fever usually for two to three days. Maternal rubella infection in pregnancy can cause infection in the unborn child. Fetal infection can result in neurologic abnormalities, hearing loss, cataracts, heart defects, and other problems. How severely the unborn child is affected depends on when during pregnancy the mother is infected with the most severe effects from infection that occurs early in pregnancy. There is no specific treatment for rubella infection in the mother or infant once it occurs. However, rubella infection can be prevented through vaccination. Pregnant women who contract rubella are at risk for miscarriage or stillbirth, with risk to the fetus for severe birth defects, such as deafness, heart defects, and intellectual disabilities.⁸
- Tuberculosis (TB) is a disease caused by a bacterium called mycobacterium tuberculosis. Untreated active TB is spread through the air from one person to another. Infants born to women with untreated TB can be of lower birth weight than those born to women without TB. In rare cases, the infant can be born with TB. Untreated TB poses a greater risk to a pregnant woman and her baby than its treatment.⁹
- Varicella, also known as chicken pox, is a viral infection that causes a blister-like rash, itching, tiredness, and fever. It spreads easily from person to person by touching and through the air from coughing or sneezing. Most people who get chicken pox are 15 years old or younger. Adults, babies, teenagers, and people with weak

⁷ Marchofdimes.org

⁸ Cdc.gov

immune systems are more likely to have a serious case. Severe chicken pox can cause other problems such as pneumonia or swelling of the brain. Chicken pox may also be worse in pregnant women putting them at risk for other problems. Most people get chicken pox only once in their lives and those who get the vaccine will not get chicken pox. People who have never had chicken pox can get a vaccine to prevent the disease. Pregnant women who have never had chicken pox can get it during pregnancy. A small percentage of women who get chicken pox in the first six months of pregnancy can have babies with birth defects. These include a limb (arm or leg) that doesn't develop normally, scarring of the skin on a limb, neurologic problems, and eye problems. The risk is higher when the mother has chicken pox between 13 and 20 weeks of pregnancy. In addition, pregnant women may get very sick from chicken pox and be at risk for other problems. Pregnant women should not get the vaccine for chicken pox because it contains a live, but weak form of the virus. The best way to protect a pregnant woman who has not had chicken pox is to vaccinate close contacts, such as family members, who have never had chicken pox.

- COVID-19 - Pregnant and recently pregnant patients with COVID-19 are at increased risk of more severe illness compared with nonpregnant peers (Ellington MMWR 2020, Collin 2020, Delahoy MMWR 2020, Khan 2021). Available data indicate an increased risk of ICU admission, need for mechanical ventilation and ventilatory support (ECMO), and death reported in pregnant women with symptomatic COVID-19 infection, when compared with symptomatic nonpregnant women (Zambrano MMWR 2020, Khan 2021). Pregnant and recently pregnant patients with comorbidities such as obesity and diabetes may be at an even higher risk of severe illness consistent with the general population with similar comorbidities (Ellington MMWR 2020, Panagiotakopoulos MMWR 2020, Knight 2020, Zambrano MMWR 2020, Allotey 2020, Metz 2021, Galang 2021).

C. Stress During Pregnancy

Studies have shown that stress during pregnancy can increase the risk of low-birth weight and premature births. Clinical studies link pregnant women's exposure to a range of traumatic, as well as chronic and common life stressors (i.e., bereavement, daily hassles, and earthquake), to significant alterations in children's neurodevelopment, including increased risk for mixed handedness, autism, affective disorders, and reduced cognitive ability. For more information click on the following link: (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3710585/>).

Recent well controlled human studies indicate that pregnant women with high stress and anxiety levels are at increased risk for spontaneous abortion and preterm labor and for having a malformed or growth-retarded baby (reduced head circumference in particular). Evidence of long term functional disorders after prenatal exposure to stress is limited, but retrospective studies and two prospective studies support the possibility of such effects ([Prenatal maternal stress: effects on pregnancy and the \(unborn\) child. - PubMed - NCBI](#)).

D. Shift and/or Night Work

Working at night and working long hours have been related to menstrual disorders, miscarriages, and preterm birth.⁹

E. Heat Effects on Pregnancy

Hyperthermia during pregnancy can cause embryonic death, abortion, growth retardation and developmental defects. Processes critical to embryonic development, such as cell proliferation, migration, differentiation and programmed cell death (apoptosis) are adversely affected by elevated maternal temperatures, showing some similarity to the effects of ionizing radiation ([Effects of heat on embryos and fetuses. - PubMed - NCBI](#)).

Male Reproductive Health Concerns

While the primary emphasis of this document is female reproductive hazards, pregnancy, and return to work issues, it is important to note that male firefighters also can be subject to reproductive health hazards. Specifically, adverse outcomes of concern include male fertility (altered sperm counts, motility disorders) and genetic abnormalities of sperm. Certain chronic chemical exposures can also result in impotence, although these medical effects would be more likely seen in chemical workers. While some chemicals (such as dibromochloropropane) are known to cause male infertility with mild exposures, the effect of most chemicals on male fertility is not well known.

Another medical concern related to firefighting is the effect of high core (body) temperatures, which can occur while firefighting in bunker gear. Tests done to document body temperatures during actual or simulated firefighting demonstrate that firefighters at times reach high core body temperatures (up to 39 degrees C, or 102 degrees F). In controlled testing, tests were terminated in certain individuals because they reached the 39 degree C limit (established as a research safety criterion). Most firefighters know anecdotally that structural firefighting in appropriate protective clothing (especially in summer months) can result in heat exhaustion, and studies indicate exposure to heat stress reduces total numbers of sperm in semen, establishing a link between hyperthermia and reduced sperm production.⁹

The most credible concern regarding male firefighter reproductive health was identified in a study by Olshan, et al (1990). This study examined birth registry data from British Columbia from 1952–1973. The authors suggest there was an excess of certain congenital heart defects (septal defects and a condition called patent ductus arteriosus) in the offspring of male firefighters. The specific reproductive toxicity of most chemical substances encountered in firefighting is not well known, and it is appropriate to exercise caution regarding exposure to products of combustion or chemicals encountered in HazMat operations.

Recent research suggests the following regarding male reproductive outcomes:

- Male firefighters have a greater risk of infertility and sperm abnormalities compared to non-firefighters.
 - Among Danish firefighters, full-time firefighters had a 46%-53% greater risk of male-factor infertility compared to non-firefighters, and 36%-40% greater risk compared to military members.¹⁰

⁹ Hoang-Thi, 2022

¹⁰ Peterson, 2019

- In an exploratory study of 20 Australian Firefighters, firefighters younger than 45 had decreased average sperm quality. Sperm quality increased with rank and use of PPE, and increased frequency of fire exposure correlated with reduced sperm quality.¹¹
- Compared to the general population, children of male firefighters are more likely to have birth defects such as cleft palate or cleft lip.¹²

In summary, male firefighters are also subject to a number of workplace environmental hazards and conditions which may result in increased risk of reproductive disorders. An ancillary concern is the potential of contracting an infectious disease that then could be transmitted to a spouse and subsequently to the firefighter's offspring. Hepatitis B, Hepatitis C, HIV, MRSA, and herpetic viruses are examples of these infectious diseases.

Summary

Chapter 3 of this document has attempted to provide a summary overview of some of the hazards to reproductive health which may affect both men and women. These medical risks may be chemical exposures during fires or hazardous materials events, physical effects due to hyperthermia or trauma, or exposure to infectious diseases. Some of these risks are known and well defined; however, the vast majority of them are not well understood. Additionally, there is not adequate evidence in medical literature to make informed decisions or provide accurate estimates of the risks of adverse outcomes. Information is constantly changing as new studies are being conducted and analyzed. Therefore, each individual must evaluate the information currently available, talk to their doctor, conduct a personal risk assessment, and make a decision regarding a proper course of action for them and their family.

¹¹ Engelsman, 2021

¹² Siegel et al., 2022

CHAPTER 4: Maintaining Fitness During and After Pregnancy

Recommendations regarding exercise during pregnancy have changed dramatically over the past 20 years. Modern studies on aerobic and strength-conditioning exercise in pregnancy have shown no increase in early fetal loss, late pregnancy complications, abnormal fetal growth, or adverse neonatal outcomes. The American College of Obstetrics and Gynecologists recommends that pregnant women get at least 150 minutes of moderate-intensity aerobic activity every week. If you were very active before pregnancy, you can keep doing the same workouts with your OB-GYN's approval. This information and other FAQ's regarding physical activity and pregnancy can be found at <https://www.acog.org/womens-health/faqs/exercise-during-pregnancy>.

The [US Navy Pregnancy and Postpartum Physical Training and Nutrition Guidebook](#) is a comprehensive resource that provides information and guidance on physical fitness and nutrition during pregnancy and postpartum periods for tactical athletes.

The Austin Public Safety Wellness Center also has resources to help maintain fitness levels during and after pregnancy. Exercise Physiologists and Peer Fitness Trainers are trained in assisting firefighters with exercise sessions and programs even when restrictions might be in place. These exercise resources can be obtained by emailing FireWellnessStaffAll@austintexas.gov.

Firefighting requires a minimum fitness level, including core strength and endurance. Members should consult with their personal healthcare provider about post-partum conditions such as diastasis recti, pelvic floor disorders, and post-partum pain, which can negatively affect achieving the necessary fitness level required to return to work after pregnancy.

Chapter 5: Preparing for Time Off

The following are considerations for leave usage and preparing for time off after childbirth:

- A. FMLA – An eligible employee is entitled to up to 12 workweeks of job-protected, unpaid FMLA leave to be with a newborn child for bonding (time not associated with medical need) or for the adoption or foster care of a child up to 12 months from the date of birth, adoption or foster care placement and expires at the end of the 12-month period beginning on the date of birth or adoption or placement.
- B. Sick, Vacation, Exception Vacation, Personal Holiday, and Paid Parental Leave may be used for FMLA protected leave.
 - 1. Paid Parental Leave (PPL) – Employees who qualify for FMLA leave can utilize paid parental leave. Paid parental leave benefits cover up to six weeks of leave time, up to 240 hours. PPL must be taken with the FMLA period associated with the date of birth or placement of a child for adoption or foster care.
 - 2. Short-Term Disability (STD) – Provides coverage at no cost to employees in a regular budgeted position scheduled to work 20 or more hours per week. This benefit is for off-the-job injuries, illnesses, and pregnancies. If approved, the employee will receive payment at 70% of base annual salary, after satisfying a 30-day waiting period. During the waiting period employees must be off work continuously and use paid leave. STD benefits are payable on the 31st day, up to the date the employee is no longer disabled or up to 60 days. Short-term disability can only be used during the disability time stated by a member's medical provider.
- C. An HR Advisor will be assigned to work with the employee on their FMLA approval. Members may contact AFD HR at FIREHR@austintexas.gov
- D. While the employee is using paid leave (sick, vacation, PPL, etc.) there are no changes to pension or benefits. During any period the employee is out on unpaid leave or receiving Short-Term disability benefits, the employee is responsible to pay any required benefit premiums to avoid loss of coverage. Pension is deactivated while on unpaid leave or receiving Short-Term Disability coverage.
- E. An employee who has exhausted family or medical leave may request a leave of absence. Leaves of absence of up to 30 days beyond the 12-week family and medical leave allocation may be approved by the Fire Chief. Any leave of absence for more than 30 days beyond the 12-week FMLA allocation must be approved by the Fire Chief and the City Manager or their designee.
- F. Regular employees may be granted a leave of absence for illness, disability, pregnancy, political activity, educational purposes, military duty or for any other legitimate purpose. Employees must provide justification for requesting the leave to Fire Chief. An employee who intends to take a leave of absence must contact an AFD HR leave coordinator and submit a request in writing to the Fire Chief at least 30 days before the leave is to begin. The request must state the reason for the leave, the duration of the leave, and the starting and ending dates of the leave.

Chapter 6: Returning to Work

Introduction

The firefighter’s physical condition after pregnancy and childbirth will vary greatly from person to person. AFD stands ready to work with all firefighters returning to work after childbirth to identify a fitness program to meet their fitness and reconditioning needs. These programs are implemented through the APSWC and the Fitness Team.

Preparing to Return to Work

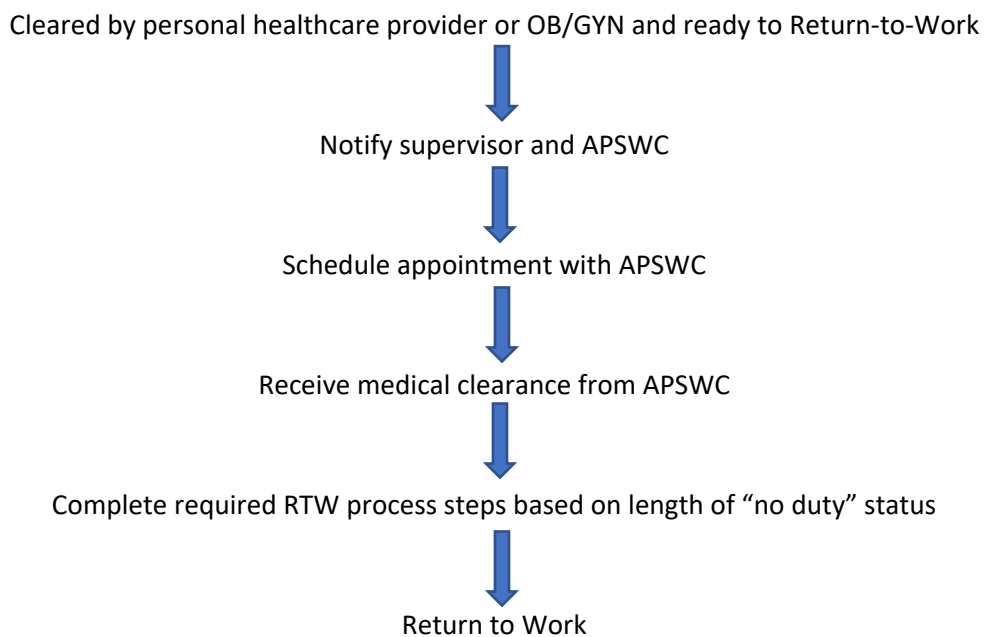
It is recommended that any firefighter who is away from their regular assignment maintain regular contact with their supervisor and the APSWC. The chart below outlines the Return-to-Work steps that should be taken depending on the length of no-duty status. When a firefighter must see a Wellness Center physician, it is imperative that they contact the APSWC immediately after being cleared for full duty by their personal provider to schedule an appointment.

	NO DUTY STATUS FOR				
	<u>30-60 days</u>	<u>61-90 days</u>	<u>91-180 days</u>	<u>Over 180 days</u>	<u>Over 1 year</u>
<u>Wellness Center Physician appt.</u>		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Wellness Center Psychologist appt.</u>				<u>X</u>	<u>X</u>
<u>Certification Check - Ed Services</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>CE Completion - Ed Services</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Hands on Medical Skills at Med Ops</u>	-		<u>X</u>	<u>X</u>	<u>X</u>
<u>Review of any Medical Directives issued in accordance with OCMO Reference Document 14 “System Reintegration Timelines”</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
<u>Air Consumption at Ed Services</u>	-		<u>X</u>	<u>X</u>	<u>X</u>
<u>Fire Skills at Ed Services</u>	-		-	<u>X</u>	<u>X</u>
<u>Turnout Inspection at Safety Support</u>	-		-	<u>X</u>	<u>X</u>
<u>Written COG Exam at the OCMO</u>	-		-	<u>X</u>	<u>X</u>
<u>Face Piece Inspection at Air Shops</u>	-		-	-	<u>X</u>

The Return-to-Work process is mandatory if a firefighter has been on no-duty status for more than 90 days, and may also include appointments with a staff physician and a staff psychologist. Upon completion of the Return-to-Work steps, the firefighter will be released to either full or Modified Duty.

In addition to entering the Return-to-Work process due to length of time off, any firefighter who has experienced stitches, a heat illness event, a cardiac event, Covid illness over 30 days, or hospitalization is required to see a Wellness Center physician to be cleared for return to work.

Process for Returning to Work



Break Time for Nursing Mothers

The Patient Protection and Affordable Care Act ("Affordable Care Act") amended [section 7 of the Fair Labor Standards Act](#) (FLSA) to require employers to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such firefighter has need to express the milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk. Further information can be found on the [U.S. Department of Labor](#) website. In addition, the PUMP Act of 2023 wrote into law the requirements to provide pumping accommodations. Information on the PUMP act can be found [here](#).

There are many substantial and well-established benefits of breastfeeding, and AFD fully supports breastfeeding by firefighters during active duty. There is limited research published related to the chemicals firefighters are exposed to

and if those chemicals can be passed to an infant through breastfeeding. While research suggests that chemicals can be passed through breastmilk, it is unknown whether exposures from firefighting are any more significant than exposures from daily living outside firefighting. However, for firefighters who want to limit any potential exposures through breastmilk to their infant, it is recommended to pump and discard breastmilk following a structure fire for 72 hours, and supplement using an alternative source, such as previously frozen breastmilk, during this time. General information on breastfeeding and exposures can be found at http://www.cdc.gov/breastfeeding/disease/environmental_toxins.htm.

Firefighters who choose to breast pump at the station may order a Lactation Package from AFD Warehouse through Maximo. Lactation Package contents are included in Appendix D.

Members enrolled in the City healthcare plan can receive a free personal breast pump by contacting the AFD HR FMLA coordinator.

For breastfeeding support, contact Mom's Place at 512-972-6700 or visit momsplace.org or breastmilkcounts.com.

If a firefighter needs to express breast milk on duty, there are several options to accommodate the time necessary for this. These options are presented with the expectation that the member and her officer will discuss these options and develop a mutual understanding of what the breastfeeding firefighter is comfortable with and in need of, and then document the chosen options. Identified accommodations should be communicated through the chain of command for situational awareness. Lactation accommodation options include:

- Unit delay
- Responding with reduced staffing
- Other apparatus at multi-company stations taking calls
- Temporary assignment to a station with lower call volume
- Unit out of service

All AFD fire stations have been evaluated for lactation spaces. A list of the confirmed lactation spaces in AFD fire stations and City of Austin Offices can be found in Appendix C.

Tips for Returning to Work

Returning to work after having a baby can be a stressful time. [The Mayo Clinic](http://www.mayoclinic.org) offers the following advice:

Before you return to work:

- Find dependable childcare.
- Talk to your employer.
- Prepare to continue breastfeeding.
- Set a return-to-work date.

Once you're back at work:

- Get organized.

Maternity and Reproductive Support Manual

- Provide continuity of care.
- Stay connected.
- Make backup plans.
- Honor your commitment to breastfeeding.
- Seek support.
- Nurture your own well-being.
- Let go of guilt.
- Maintain a positive attitude.

Remember, there are many firefighters who have been pregnant and returned to work in AFD. You may reach out to them for any questions you have and for support. They may be contacted through the Peer Support Team by calling the AFD Peer Support Hotline at (888) 423-3435, or by emailing FirePeerSupportTeam@austintexas.gov.

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Appendices

The following documents provide additional information about resources available to firefighters related to pregnancy and returning to work.

Appendix A: Letter from Dr. Ho (AFD Doctor)

Appendix B: Essential FF Job tasks and Descriptions

Appendix C: AFD Designated Station Lactation spaces and COA designated lactation spaces

Appendix D: Lactation Package Contents

Appendix E: COA Personnel Policies and Procedures

Appendix F: Pregnancy Advocate Checklist

Appendix A:

Dear Provider,

I am writing on behalf of the Austin Public Safety Wellness Center (APSWC) and your patient, (rank) _____ . As you provide care for your patient, you may be asked to give counsel regarding work status decisions. The final decision regarding how long to remain full duty in Operations or when to request an alternative duty assignment, including Modified Duty, is up to the employee. Our intent is to ensure that the decision is an informed one.

Firefighters in the Austin Fire Department who become pregnant are protected by departmental, state, and federal policies and laws with respect to their work status during pregnancy. Some women may want to continue working in Operations as long as they feel able, and others may opt for a Modified Duty assignment because of concerns about on-the-job exposures and personal health reasons. In either case, the Austin Public Safety Wellness Center is here to offer resources and support to you and your patient should you need any information to help with this decision.

A list of firefighter’s essential job tasks is attached. If you need more information, your patient can provide our **AFD Reproductive Manual**, which is a more comprehensive review of issues, concerns, and available medical literature.

Thank you for providing care for our firefighters. Please contact me if you have any questions or if I may be of further assistance.

Sincerely,

Tung Ho, DO
Wellness Physician, APSWC
Tung.Ho@austintexas.gov
512-974-0200

Appendix B:

The following are the 15 essential job tasks that are required of the fire department members **while wearing personal protective ensemble (turnout coat and pants, helmet, boots, and gloves) and a self-contained breathing apparatus (SCBA)**. The combined weight of the personal protective ensembles and SCBA is at least 50lbs or more.

1) **Strenuous exertion under extreme conditions and prolonged time**

The firefighter must be able to perform hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry, rescue operations, and other emergency response actions. These tasks are often required to be performed under stressful conditions such as working in extremely hot or cold environments for prolonged periods of time. For those who are not familiar with fire suppression, these activities are described on the next page.

2) **Increased respiratory workload**

The firefighter must be able to wear an SCBA which includes a demand valve-type positive-pressure face piece or a HEPA filter mask, both of which require the ability to tolerate increased respiratory workloads.

3) **Chemical and biological exposures**

The firefighter must be able to tolerate exposure to toxic fumes, irritants, particulates, biological and nonbiological hazards, and heated gases despite the use of personal protective ensembles and SCBA.

4) **Stair climb 10 flights with up to 75 pounds of gear**

The firefighter must be able to climb six or more flights of stairs while carrying equipment and tools weighing an additional 20 to 40 lb.

5) **Heat stress and dehydration**

The fire protective ensemble and the SCBA are encapsulated and insulated therefore the firefighter must be able to tolerate significant fluid loss that may progress to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F.

6) **Dragging and carrying victims in hazardous conditions**

The firefighter must be able to perform search and rescue which involves dragging or carrying victims ranging from newborns to adults weighing over 200 lb. to safety, despite hazardous conditions and low visibility.

7) **Strenuous exertion managing a charged hose**

As part of a team, the firefighter must be able to advance a water-filled hoseline that is up to 2½ in. in diameter to a target destination that is approximately 150 ft. away which may involve multiple flights of stairs, ladders, and other obstacles.

8) **Climb ladders and ambulate in hazardous conditions with uneven surfaces**

The firefighter must be able to climb ladders and walk or crawl along narrow and uneven surfaces that might be wet or icy with low visibility. The firefighter must be able to operate from high areas which may be in proximity to electrical power lines or other hazards.

9) **Strenuous exertion without warm-up or access to food, water, or medication**

The firefighter must be able to operate in unpredictable emergency situations for prolonged periods which may require extreme physical exertion without a warm-up, scheduled rest periods, meals, hydration, or access to medication.

10) **Emergency driving while fatigued**

The firefighter must be able to operate a firefighting vehicle in an emergency situation.

11) Complex decision making in critical and hazardous conditions while fatigued

The firefighter must be able to perform critical, time-sensitive, and complex problem solving during physical exertion in stressful, hazardous environments which may include temperature extremes, low visibility, and enclosed spaces. The situation may be aggravated by fatigue, flashing lights, sirens, and other distractions.

12) Communication in loud environments

The firefighter must be able to verbally communicate in a situation in which there may be loud background sounds, poor visibility, and noise from hose lines and sprinklers.

13) Essential team member

The firefighter must be able to function as an integral component of a team, where sudden incapacitation of a member can result in mission failure, risk of injury, or death to civilians or other team members.

14) Shift work

The firefighter must be able to work in shifts, including during nighttime that can extend beyond 12 hours.

15) EMS tasks

The firefighter must perform EMS tasks, such as CPR, lift, or move patients, while wearing PPE and respirators.

Appendix C:

Austin Fire Department Identified Station Lactation Spaces

Station	Identified Space	Station	Identified Space
1	Women’s Locker Room or Individual Bedroom	27	Study Room
2	Individual Bedroom	28	Women's Locker Room
3	Women’s Locker Room	29	Women's Locker Room
4	Individual Bedroom	30	Women's Locker Room
5	Women's Locker Room	31	Women's Locker Room
6	Women's Locker Room	32	Study Room
7	Women’s Locker Room	33	Study Room
8	Women’s Locker Room	34	Individual Bedroom
9	Individual Bedroom	35	Individual Bedroom
10	Individual Bedroom	36	Individual Bedroom
11	Individual Bedroom	37	Individual Bedroom or LT. Office
12	Individual Bedroom	38	Individual Bedroom
14	Spec Ops Conference room next door or spec Ops offices or Women's Locker Room	39	Study Room
15	Study Room	40	Study Room
16	Individual Bedroom	41	Individual Bedroom
17	Women's Locker Room	42	Individual Bedroom or Middle Training Room
18	Women's Locker Room	43	Individual Bedroom
19	Women's Locker Room	44	Individual Bedroom
20	Women's Locker Room	45	Women's Locker Room or Individual Bedroom
21	Women's Locker Room	46	Individual Bedroom
22	Women's Locker Room	47	Women's Locker Room
23	Women's Locker Room or Study Room	48	Upstairs Study Room
24	Women's Locker Room	49	Individual Bedroom
25	Women's Locker Room	50	Individual Bedroom
26	Bedroom next to Study Area	51	Individual Bedroom

***Per City of Austin Lactation Consultants, Women’s locker rooms are appropriate lactation spaces if utilizing privacy screens provided in the Lactation Package.**

City of Austin Office Designated Lactation Spaces

- One Texas Center, 505 Barton Springs Rd., 3rd floor & 7th floor
- CTECC, 5010 Old Manor Rd.
- Waller Creek Center, 625 E. 10th Street, 5th floor
- Austin Energy Headquarters, 4815 Mueller Blvd.
- Rutherford Campus, 1520 Rutherford Lane, Building 1 and Building 4, 2nd floor
- Austin Resource Recovery, 4108 Todd Lane, 1st floor, Room 118
- Betty Dunkerley Campus, 7201 Levander Loop, Building H
- Aviation, 3600 Presidential Blvd.
- APD East Substation, 812 Springdale Rd.
- RBJ Building, 15 Waller St., 4th floor
- Street-Jones Building, 1000 E. 11th St., 4th floor
- City Hall, 302 W. 2nd St. 2nd floor, Room 2014
- Techni Center, 4201 Ed Bluestein Blvd.
- Asian American Resource Center, 8401 Cameron Rd. Classroom #7
- Austin Convention Center, 500 Cesar Chavez St., Mobile Station
- Palmer Events Center, 900 Barton Springs Rd., Mobile Station
- Learning Research Center, 5202 E. Ben White, Suite 500
- Planning and Development, 6800 Burleson Rd., Suite 200 & Suite 225
- Austin Police Academy, 4800 Shaw Ln., Building J, 1st floor
- NW WIC Clinic, 8701 Research Blvd.
- CommUnityCare SE Health & Wellness Center, 2901 Montopolis Dr.
- Barton Oaks Transportation Center, 901 S Mopac Expressway
- Rio Grande Transportation Center, 1111 Rio Grande St.
- Austin Municipal Court, 6800 Burleson Rd. Building 310, Suite 175
- Cameron Rd Transportation Center, 8700 Cameron Rd.
- Permitting & Development Center, 6310 Wilhelmina Delco Dr.
- Austin History Center, 810 Guadalupe St.

Appendix D:

Family Friendly Workplace Lactation Package Contents

1	Small Refrigerator
1	Refrigerator thermometer
1	Small Handheld mirror
1	Breast pump in carrying case
1 box of 12	Breast pump sterilizing bags
1	Cold pack
20	Stay dry nursing pads
1 box of 60	Breast milk storage bags
1	Ameda Dual Hygieni Milk collection kit
1	Poster “Mom, You Got This!”
1	Sign: “Congratulations on your dedication”
1	Sign: “ Mother Friendly Room”
1	8 feet Extension cord
1	Privacy screen
1	chair
1	Information folder

A Lactation Package can be ordered from AFD Warehouse through Maximo.

Resupply materials can be requested from the Austin Public Health Lactation Consultant Program Coordinator through AFD Warehouse.

Appendix E: City of Austin Personnel Policies and Procedures

1. COA Family Medical Leave Act ([FMLA Procedure](#))
2. [COA Paid Parental Leave](#) (PPL) Procedure and [PPL Form](#)
3. COA Emergency Leave Procedure
4. [COA Americans with Disabilities](#) (ADA) Procedure
 - a. Requests for reasonable accommodations, etc.
5. Mother Friendly Workplace [Bulletin](#)
6. COA [Maternity and Lactation Support](#)

Members requesting FMLA, PPL, or accommodations are encouraged to contact AFD HR at least 30 days in advance of a request at 512-974-0140.

Appendix F: Wellness Center Pregnancy Advocate Checklist

The Wellness Center Pregnancy Advocate may be requested by a firefighter for assistance throughout conception or pregnancy, whether working in Operations or a Modified Duty assignment. It is expected that the Advocate act in a confidential manner to assist and support members as needed.

- Provide pregnant members with AFD's Reproductive Manual and resources from Wellness Website.
- Ensure member has letter from Wellness Center doctors to have conversation with personal provider.
- Provide access to necessary resources, including Peer Support and Peer Fitness teams.
- Provide direction and support for modified duty requests to Risk Management Division Chief.
- Facilitate Wellness appointments as needed, including
 - Wellness physicians
 - Peer Support Team and Behavioral Health resources
 - Peer Fitness and Fitness Team members
 - Risk Management Division Chief
- Ensure members are aware of City and departmental lactation resources (Reproductive Manual page 36).
- Ensure accommodations for breast pumping at the station are discussed, documented and shared across the chain of command.