Lincoln Fire & Rescue - Management Policy
Maternity and Breastfeeding (MP 209.21 12/02/11)

Process for reporting and being placed on maternity leave as well as provisions for breastfeeding employees.

Implemented 12/02/11

Purpose
Lincoln Fire & Rescue deems it appropriate to outline what process will be followed for women reporting pregnancy, offering guidance for informed decisions about pregnancy and the possible affects due to emergency response activities, the process for reassignment to TMWA during the pregnancy, leave provisions, and the breastfeeding amendment to the Fair Labor Standards Act.

Policy

Maternity Leave
It is recognized that reproductive health can be affected adversely by the conditions encountered during firefighting and emergency medical responses as well as hazardous materials responses.

A. Provisions for Pregnancy
   a. When an employee becomes pregnant, it is strongly advised, though not required, that she report her condition to her supervisor.
   
   b. Once an employee has provided the department with verification of her pregnancy from her own doctor, she shall be offered a non-hazardous duty assignment within the department.
   
   c. An employee is not required to accept a TMWA assignment. She is, however, encouraged to do so because of the unpredictable nature of emergency response. There is potential risk to a pregnant woman and/or her developing fetus from activities associated with normal operational duties including firefighting, hazardous materials response, and EMS exposures.
   
   d. Prior to the seventh month of pregnancy, the employee shall provide her human resources officer with a statement from her physician indicating a date when she should discontinue working. An employee who is pregnant must use all of her accumulated leave to date, including sick and vacation time.
   
   e. After giving birth, or at the termination of the pregnancy, the employee shall be returned to her previously held position upon approval from her personal physician or to an equivalent position with pay, benefits, and other terms and conditions of employment. The City cannot guarantee that an employee will be returned to her original assignment. A determination as to whether a position is an “equivalent position” will be made by the City.
   
   f. If an employee becomes temporarily disabled as a result of pregnancy or childbirth, TMWA may be offered during the time of disability and recovery.
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**B. Parental Leave**

The Family and Medical Leave Act (FMLA) states that male and female members shall be allowed leave for the birth or adoption of a child into the family. The City's FMLA policy (personnel policy bulletin 2009-1) also outlines allowed leave for these purposes... An employee utilizing FMLA will not accrue vacation or sick leave as outlined in city ordinances.

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**C. Benefit Provisions**

All wages, benefits, and seniority of the former position shall continue to accrue for the employee on TMWA.

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**Breastfeeding**

The City of Lincoln, as an employer, recognizes that working mothers are a vital part of its workforce. It shall be the policy of the City of Lincoln to support mothers who choose to breastfeed their infants by enabling mothers to express and collect their milk during work hours. It is the goal of the City of Lincoln to identify proper private space – a room with no windows or windows with blinds providing privacy (a restroom is prohibited due to sanitation concerns), within each building occupied by City employees for the purpose of allowing mothers to pump breast milk.

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**Identified Breastfeeding Rooms at Each Station**

<table>
<thead>
<tr>
<th>Station</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One of the chief offices</td>
</tr>
<tr>
<td>2</td>
<td>Captains (Northwest) bedroom</td>
</tr>
<tr>
<td>3</td>
<td>Workout Room</td>
</tr>
<tr>
<td>4</td>
<td>Bedroom at top of stairs</td>
</tr>
<tr>
<td>5</td>
<td>Captains office</td>
</tr>
<tr>
<td>6</td>
<td>Cinema 2</td>
</tr>
<tr>
<td>7</td>
<td>2nd to last bedroom on the South side</td>
</tr>
<tr>
<td>8</td>
<td>Upstairs women’s bedroom</td>
</tr>
<tr>
<td>9</td>
<td>Upstairs cinema 2</td>
</tr>
<tr>
<td>10</td>
<td>Bedroom off app floor next to laundry room</td>
</tr>
<tr>
<td>11</td>
<td>EMS supply storage closet across from restrooms</td>
</tr>
<tr>
<td>12</td>
<td>Cinema 2</td>
</tr>
<tr>
<td>13</td>
<td>Southwest bedroom off living room</td>
</tr>
<tr>
<td>14</td>
<td>Bedroom furthest South on West Side closest to female lockers</td>
</tr>
</tbody>
</table>
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The CDC (Center for Disease Control) does not list human breast milk as a body fluid for which most healthcare personnel should use special handling precautions—except those who work in a human milk bank. Occupational exposure to human breast milk has not been shown to lead to transmission of HIV or HBV infection.

Woman who need to pump while on duty will store their breast milk in a container in the station refrigerators.

Medical Considerations of Firefighter Pregnancies
The job of firefighting presents many potential hazards to healthy reproduction. It poses physical hazards such as drastic temperature variations, extreme and unpredictable physical exertions, demands, and psychological stress. Firefighters may also be exposed to biological or radiation hazards. The fire environment may also produce a wide range of chemical agents, including irritant and asphyxiant gases and other toxins.

Human reproductive health as it is affected by the work environment is a relatively new area of study. The clearest connection between an environment agent and adverse reproductive outcomes for both men and women is in the case of ionizing radiation, which is not a common exposure for most firefighter. Prolonged exposure to high ambient temperatures, however, may also have a detrimental effect on fertility and pregnancy. High heat exposure has been related to infertility in men and may be linked to neural defects in the babies of exposed mothers. Chemical agents in the fire environment are numerous and unpredictable. The toxic effects of fire smoke have been tentatively linked to a number of physical problems, including respiratory disease, coronary artery disease and malignancies. Many chemical agents in the fire environment may also adversely affect reproduction. Carbon monoxide, carbon dioxide, hydrogen cyanide, acrolein and other aldehydes, sulfur dioxide, hydrogen chloride, nitrogen dioxide, and benzene are all commonly produced in fire environments. Research shows that all of these compounds may have detrimental effects on reproduction. Pregnant women and their fetuses are especially affected by carbon monoxide exposures.

Although much more study is needed, existing research suggests that both men and women are vulnerable to reproductive toxicity in the firefighting environment. In addition, the potential hazards to developing fetuses pose special concerns for pregnant firefighters.